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KENT COUNTY COUNCIL

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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1962

A. ELLIOTT, M.D., D.P.H.
County Medical Officer of Health

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HEALTH DEPARTMENT,
COUNTY HALL,
MAIDSTONE.
(Tel. 4321)

September, 1963

To the Chairman and Members of the Kent County Council

The population of the Administrative County is now 1,695,560, an increase of 26,070, and the number of births has risen from 1961 by 1,681, making a total of 28,895. The birth rate is now 17.04 and it will be appreciated that the continued increase in births, which seems likely to continue, imposes additional responsibilities on the domiciliary and hospital maternity services.

The Report follows the usual lines in describing each of the services provided by the Health Committee.

In 1961 a small increase in field staff, coupled with re-arrangements for off-duty and relief, permitted the introduction of a five-day week for domiciliary nurses and midwives. 1962 was the first full year in which this arrangement applied and experience has shown that with effective organisation and proper relief arrangements a seven-day midwifery and nursing service can be provided in the community with the staff concerned working a five-day week.

No need has ever presented itself for a night nursing service and the district nurses, therefore, carry out the bulk of their work in mornings and afternoons, with special evening visits when necessary.

In the case of domiciliary midwives the position is different because this is a twenty-four hour service and special thought needed to be given to the effectiveness of a five-day week which, for practical purposes, involves the actual performance by each nurse and midwife of approximately forty hours' clinical work.

In the case of midwives the introduction of a five-day week means that additional time has to be provided for standby duty to answer calls, if necessary, but complicated though the arrangements were during the formative period, it can now be said that the five-day working week for Kent domiciliary midwives and nurses is a permanent feature.

In view of the national shortage of nurses and midwives, every effort is made to see that the services of these officers are made readily available to patients and even before 1948 car transport was available for every officer. Experience shows that nurses and midwives who cannot drive waste a considerable proportion of their time in travelling by public transport and bicycle and the introduction, therefore, in November 1958 of a scheme to train new members of the staff to drive by the use of selected members of the ambulance staff has been a means of improving the availability of services to the public.

The developments in the care of the aged have included extended provision in the Council's homes for persons showing extensive physical and mental changes of old age and the continued development of the partnership between the County Council and District Councils in arranging for welfare services, such as the provision of wardens to old persons living in accommodation provided by the District Councils. In all there are now 45 such schemes operated by 24 District Councils and although there can be no gainsaying the need for further extensions in community services for old people, comparison of the extent of the services provided now with what was in being in 1948, when the National Health Service and National Assistance Acts came into effect, will show the magnitude of achievement by statutory and voluntary agencies.

In previous reports I have said that I did not think it is generally understood and accepted that the type of care that many of the elderly population require in residential homes has changed. More old people are now living out the full extent of life's span and, as a direct consequence, greater numbers of old people are becoming more frail and requiring more attention than was the case in past decades. The extent of care and attention that such people need in old persons' homes continues to increase and constant attention is needed in many more instances where old people are confined to wheelchairs, require constant attention to avoid sores, assistance in dressing, to be taken to the toilet and to get into and out of bed.

It is imperative to evaluate the changes that will be brought about in the development of the hospital services since these services are, with the advances in medicine, becoming increasingly specialised and costly. These services must be applied to those who must have them, but the inevitable consequence is that the more specialised type of care and attention that the hospital service gives, the relatively greater become the responsibilities of local authorities in providing residential care for people who do not require to the full the specialised hospital resources but who do require a considerable measure of care, sometimes constant, of a less specialised nature. It is, for example, now accepted without question that for many of the homes provided by the Council the type of care and attention that old people need requires the Matron to be a nurse and preferably other members of the staff as

well. The care of older people showing mental changes of age is a special responsibility that imposes considerable strain and effort on the staff. Thus, it is often not appreciated that in providing special homes for old people showing mental changes of age, frequently manifested by wandering, amongst other conditions, the Council has no powers of restraint. Inevitably, therefore, an old person who wanders can be a constant source of anxiety and concern to the staff. Where site considerations permit, the type of home that is now being built is usually of a bungalow type since such a plan provides the best facilities for looking after old people suffering from physical handicaps, who are unable to climb stairs, and who in many cases are confined to wheelchairs.

Last year the name Family Welfare Service was applied to the Child Help Service, first started in 1958, which supplies special workers for rehabilitation services in the households of problem families. It is not easy to define what a problem family is and indeed there are objections to attempts to categorise human beings in such a way. Nevertheless, social workers have for many years been concerned at the standards of life of relatively small numbers of people who generally, although not invariably, show the four D's—disorder, dirt, debt and disintegration. In 1958 the Child Help Service was commenced as a joint enterprise between the Health Visiting and Domestic Help Services. A selected worker is put in the household to provide three months' intensive training and then to continue a follow-up service during the day or during the week for a period of up to a further nine months.

About half way through the year 1962, the Family Welfare Service received its 100th application and a brief review will be of interest. Of the 100 applications, 34 families were not included because in 29 cases they refused to accept, in 1 a previous full year had been given and it was not considered that any useful result could be achieved, whilst in 4 it was not considered that the service could achieve a useful purpose because there existed a good standard of family household management with embarrassment because of financial difficulties from temporary unemployment or illness. In the 66 families where rehabilitation was undertaken, the following list of factors shows the type and occurrence of conditions that were met:—

	Factor present in:—
Budgeting at fault	63 households
Lack of housekeeping skills	53 households
Lack of child care	45 households
Husband's failure to accept responsibility	45 households
N.S.P.C.C. Inspectors involved	28 households
Husband's failure to pay adequate housekeeping allowance	27 households
Husband's failure to remain in employment	27 households
Subnormal mentality (including 7 couples)	19 households
Refusal to co-operate	18 households
Multiple pregnancies	15 households
Immorality	12 households
Crime	7 households
Excessive drinking	5 households
Ill-health	4 households
Mental illness	4 households

Approximately half the cases arose because of threat of possible eviction for non-payment of rent. A substantial proportion of the remainder came about as a result of re-housing being offered to families from temporary accommodation, common lodging houses, furnished rooms, caravans, etc., on condition that they accepted the Family Welfare Service. The Service works in close association with a wide range of other statutory and voluntary bodies and of the many difficulties encountered the greatest appears to be the lack of possessions of families who are re-housed in circumstances that have just been described. Manifestly, before guidance in routine management can be given it is necessary to have domestic equipment and a few families have even arrived in their new homes, slept and sat on the floor, until furniture and other essential equipment has been obtained.

In providing a rehabilitation service of this type it is necessary to have some objective method of evaluating results because sincere and enthusiastic welfare officers can, in anxiety for the welfare of families, overstate the results achieved. Many years of experience have gone into the creation of a points system to evaluate ability and conditions prevailing in a home from time to time. Such objective reviews are undertaken at regular intervals and some of the families originally assisted have been visited regularly now over the five year period. Of the total number of 66 families dealt with since the scheme was introduced in 1958, considerable success was achieved in 46%, partial success in 27%, with a failure to achieve any appreciable result having to be recorded in 27%.

With the steady rise in the standards of life in the community, a relatively small number of problem families present a responsibility that calls for more attention from the social services. In particular, earlier recognition of cases where social difficulties are likely to arise is of great help to those who have to undertake the long, arduous and sometimes unrewarding task of rehabilitation. Whilst paying tribute to all the workers who take part in this service for the rehabilitation of families who are employed

by statutory or voluntary bodies, the fact remains that what has been achieved is, in the main, due to the individual workers who volunteer for duty in households where standards are sometimes so bad as to make description difficult. These workers are drawn from the ranks of the County Domestic Help Service and it is well that there should be placed on record a tribute to the services that they have given.

In July, 1962, the Ministry of Health, Scottish Office, and the Ministry of Housing and Local Government published Report No. 105 on "The Conduct of the Fluoridation Studies in the United Kingdom and the Results Achieved after Five Years", which was followed by a formal request to the Minister of Health by the County Councils Association in November to take action to introduce fluoridation of water supplies, where necessary, as a measure of preventive health. In December the Ministry of Health issued Circular 28/62 indicating that the Minister was prepared to approve Local Health Authorities making arrangements with water undertakers to add fluoride to water supplies so as to raise the level of this substance present to the extent of one part per million if such a level did not naturally arise. Such arrangements would form part of the National Health Service.

All water supplies contain fluoride in some amount and the issue of Report No. 105 was an authoritative statement based upon five years' field study of fluoridation in the United Kingdom which confirmed the benefits of fluoridation to dental health and, even more important, clear evidence of its safety. For many years before the decision of the Ministry of Health to recommend the introduction of fluoridation as a public health measure, the Medical Research Council had been closely concerned with the matter in the examination of the effects of fluoridation in this and other countries. Thus, from 1951 onwards the Medical Research Council has been in full consultation with the Ministry of Health as to the efficacy and safety of fluoridation, the literature on which has now reached vast proportions.

The reason for fluoridation can be stated simply in that the increasing incidence of dental caries in children is such that in addition to the existing dental services providing curative and preventive measures, further preventive measures would contribute considerably to the health and welfare of future generations of children. Manifestly the lesser the incidence of dental disease in children, the better the dentition of adolescents and adults. Thus the immediate effect of having an adequate amount of fluoride in the water supply would benefit future generations of children with the increased freedom from dental disease continuing into adult life both by way of a better retention of teeth as well as an increase in resistance to dental caries. The introduction of fluoridation is a major step of preventive medicine that will substantially reduce the incidence of dental disease, both in childhood and after.

The proposal that fluoridation should be made a part of the preventive services under the National Health Service has resulted in substantial publicity which, in a number of ways, is misleading in that the impression has been created that the scientific evidence about the efficacy and safety of fluoridation is controversial. In fact, fluoridation is supported by the reports of the World Health Organisation Expert Committee on the subject, the Commissions of Inquiry in New Zealand and Ontario and by the South African Report of a Committee for Research in Medical Science. In this country fluoridation has been endorsed by the County Councils Association, the Association of Municipal Corporations, the British Medical Association, the British Dental Association and the Society of Medical Officers of Health.

It is well to recall that there were a few doctors and scientific workers who opposed vaccination against smallpox and poliomyelitis. The fact that a few medical, dental and scientific workers have spoken against fluoridation does not, however, mean that there is a substantial measure of controversy in the professions to which they belong. The mass of evidence is now so overwhelmingly in favour that the official bodies that have been described have thought it proper to declare their support.

The decision of the Eire Government to introduce fluoridation was recently challenged in the Dublin High Court and an exhaustive hearing lasting 67 days produced evidence from eminent scientific medical and dental workers from countries throughout the world. After this marathon legal hearing in which every aspect of fluoridation was exhaustively examined, the High Court Judge upheld the action of the Eire Government as being constitutional and stated he was satisfied beyond doubt that the use of public water supplies containing one part per million of fluoride would not cause harm to the health of any person.

The cost of dental services provided for the nation from public funds is now some fifty million pounds a year but apart from the material saving to be achieved by a substantial reduction in dental disease, the results of such a reduction to future generations would be substantial in better health and increased freedom from pain and discomfort. Many methods of securing an adequate level of fluoride in diet during the period of tooth formation have been considered but there is no adequate substitute for securing that water supplies have an adequate level. It is clearly not feasible to arrange large scale issue of fluoride tablets. The matter can be put simply by saying that the effect of fluoride on dental health has been known for years but now there is overwhelming medical, dental and scientific evidence that the presence of this substance to the extent of one part per million in water supplies will reduce the incidence of dental disease in young children by some fifty per cent and this benefit continues into adult life. The evidence shows conclusively that at this concentration there is no deleterious effect of any sort on health. In circumstances where at 12 years of age only one child out of every 200 has escaped dental disease, the effect of such a proved measure of preventive medicine on future generations must be apparent.

I would once again wish to place on record my thanks and appreciation to the Members of the Council for their kindness and understanding to the staff of the Health Department.

A. ELLIOTT,
County Medical Officer.

ANNUAL REPORT

Vital Statistics

POPULATION.—The Registrar-General's estimate of the population of the Administrative County at the middle of 1962 was 1,695,560 and this population is the basis of the rates quoted in this Report. Table 1 at the end of the Report shows the population in each area in the County: and from that Table it will be seen that 1,318,500 persons were resident in the urban areas, and 377,060 in the rural districts. The increase in the population of the County was 26,070 as compared with an increase of 14,930 in the previous year.

These figures give densities of population of 1·74 per acre in the county as a whole: and 6·77 per acre in the towns and 0·50 per acre in the rural districts. Compared with the previous year, there is little change in any of these figures, and the densities show the same wide range. In the towns, the extremes were 33·79 in *Penge Urban* and 0·28 in *Lydd Borough*, and in the rural districts 1·62 in *Dartford Rural* and 0·15 in *Romney Marsh Rural.*

The following tabulation shows the populations, together with the percentages in urban and rural districts in Kent, for the census years 1921, 1931 and 1951, and the Registrar-General's estimates for 1941 and 1962.

	Population									
	1921		1931		1941		1951		1962	
	No.	%	No.	%	No.	%	No.	%	No.	%
Urban Districts ..	795,035	71·11	847,090	71·50	882,900	75·56	1,225,800	79·12	1,318,500	77·76
Rural Districts ..	323,094	28·89	337,720	28·50	285,500	24·44	323,560	20·88	377,060	22·24
County	1,118,129	100	1,184,810	100	1,168,400	100	1,549,360	100	1,695,560	100

BIRTHS.—The births of living children, registered during 1962, totalled 28,895, an increase of 1,681 on the total for the previous year. Male births numbered 14,848, female births 14,047.

The crude* birth-rates for the year were 16·75 (comparable rate† 16·75) in the urban districts, 18·04 (comparable rate 18·58) in the rural districts, and 17·04 (comparable rate 17·04) in the County as a whole. The figure for England Wales was 18·0 (Provisional).

The following tabulation shows the live-birth, still-birth, and death-rates, divided into urban and rural districts for the whole County. The rates for England and Wales are added for comparison.

In all cases in this report the two years, 1938, the last normal year before the war, and 1961, have been taken for comparative purposes.

	No. of Live Births per 1,000 Home Population			No. of Still-Births per 1,000 Total (Live and Still) Births			No. of Deaths under 1 year of age per 1,000 Live Births		
	1938	1961	1962	1938	1961	1962	1938	1961	1962
Urban District	15·1	16·07	16·75	33·6	18·71	16·52	43·2	19·97	18·70
Rural District	14·4	17·12	18·04	36·5	16·58	16·62	45·0	20·20	18·08
Whole County	14·9	16·30	17·04	34·2	18·22	16·54	42·8	20·03	18·55
England and Wales.. ..	15·1	17·40	18·00	38·3	19·10	18·10	52·8	21·60	21·60

The number of births, and the birth rates, in each sanitary district of the County, are set out in Table 2 at the end of this report.

The excess of births over deaths was 8,133—4,372 males and 3,761 females; and the varying margin of this excess of births over deaths for the years 1938, 1961 and 1962 is shown below:—

	Male	*Female*	*Total*
1938 ..	3,146	2,645	5,791
1961 ..	3,758	3,107	6,865
1962 ..	4,372	3,761	8,133

The sex-ratio of the births, on the figures shown above, represents a proportion of slightly more than 105 males to 100 females.

STILL-BIRTHS.—The number of still-births recorded during the year was 486. This number represents a proportion of 16·54 per thousand of all births in the County, as against 18·22 in the previous year.

The *rate* of still-births (per thousand of the population) was 0·28 in urban and 0·30 in rural districts, and 0·29 in the County as a whole. This proportion may be compared with the rate for England and Wales, 0·33.

The number of still-births in each sanitary district of the County is shown in Table 2 at the end of this report.

* Crude birth- and death-rates are the number of births or deaths per 1,000 of the population.
† For explanation see page 35.

Infantile Mortality.—There were 536 deaths of infants under one year of age in Kent during the year, which represents an infantile mortality rate (number of deaths among children under one year of age per thousand live births) of 18·55, as compared with 20·03 in the preceding year. The infantile mortality rate per 1,000 legitimate births is 18·02 and per 1,000 illegitimate births is 27·92.

These deaths of infants formed 2·58 per cent. of the total deaths at all ages (2·68 per cent. in 1961).

Neo-Natal Mortality.—There were 368 deaths of infants under four weeks of age during the year, which represents a neo-natal mortality rate (number of deaths among children under four weeks of age per thousand related live births) of 12·74.

Early Neo-Natal Mortality.—There were 320 deaths of infants under one week during the year, which represents an early neo-natal mortality rate (deaths under one week per 1,000 total live births) of 11·07.

Perinatal Mortality.—There were 806 stillbirths and deaths under one week combined during the year, which represents a perinatal mortality rate (deaths under one week and stillbirths combined per 1,000 total live and still births) of 27·43.

Of the 28,895 births in the County, 1,540 were illegitimate, being 5·32 per cent. of the total.

Maternal Mortality.—There were 8 maternal deaths (including abortion) which represents a maternal mortality rate (maternal deaths per 1,000 total births), of 0·27.

The rates in the different sanitary districts will be found in Table 2 at the end of this report; and Table 7 shows the causes of death in children under one year of age, for the years 1938, 1961 and 1962.

Deaths.—The number of deaths registered in the County (i.e. the number of deaths of persons resident in Kent) during 1962 was 20,762—an increase of 413 on the total for the previous year. Male deaths totalled 10,476, female deaths 10,286.

Crude death-rates were 12·33 for the urban areas, 11·93 for the rural districts, and 12·24 for the whole County.

The following tabulation shows the crude death-rates recorded in Kent during 1938, 1961 and 1962. The rates for England and Wales are added for comparative purposes.

	1938	1961	1962
Urban Districts	10·6	12·22	12·33
Rural Districts	11·4	12·09	11·93
Whole County	10·8	12·19	12·24
England and Wales..	11·6	12·00	11·90*

* Provisional.

The number of deaths in each sanitary district, and the deaths in age-groups, and by cause, are shown in Tables 5, 6 and 8 at the end of this report.

The causes of death in order of importance show little variation from year to year, and the following table shows the order of the principal causes in the three years, 1938, 1961 and 1962, the number of deaths under each heading, the death-rate, and the percentage of each group to the total number of deaths from all causes:—

Cause of death	1938			1961			1962		
	Number of deaths	No. of deaths per 1,000 population	Percentage to the total number of deaths from all causes	Number of deaths	No. of deaths per 1,000 population	Percentage to the total number of deaths from all causes	Number of deaths	No. of deaths per 1,000 population	Percentage to the total number of deaths from all causes
Heart Disease ..	4,144	2·99	27·86	6,804	4·08	33·44	7,043	4·15	33·92
Cancer (all sites) ..	2,368	1·71	15·92	3,729	2·23	18·33	3,798	2·24	18·29
Pneumonia	727	0·52	4·89	1,073	0·64	5·27	1,219	0·72	5·87
Bronchitis	358	0·26	2·41	1,006	0·60	4·94	1,097	0·65	5·28
Diseases of circulatory system (other than Heart Disease) ..	817	0·59	5·49	972	0·58	4·78	1,042	0·61	5·02
Violence (all forms)..	699	0·50	4·70	758	0·45	3·72	761	0·45	3·67
Ulcer (Stomach and Duodenum) ..	156	0·11	1·05	182	0·11	0·89	216	0·13	1·04
Diabetes	201	0·15	1·35	148	0·09	0·73	160	0·09	0·08
Nephritis & Nephrosis	370	0·27	2·49	135	0·08	0·66	129	0·08	0·62
Tuberculosis (all forms)	778	0·56	5·23	134	0·08	0·66	103	0·06	0·61
Gastritis, Enteritis & Diarrhoea	87	0·06	0·58	99	0·06	0·49	88	0·05	0·42
Influenza	175	0·13	1·18	149	0·09	0·73	81	0·05	0·39
Totals	10,880	7·85	73·14	15,189	9·10	74·64	15,737	9·28	75·80

There was a small decrease in the proportion of deaths in the age groups under 1 year (0·1%) and 5 to under 15 years (0·2%). There was a slight increase in the proportion of deaths in the age groups 15 to under 45 years (0·1%), 45 to under 65 years (0·1%) and 65 years and over (0·1%). It will be seen that in the last 22 years there has been a marked decline in each of the age groups under 65 years with a corresponding rise in the 65 years and over group (17·5%).

In the following summary the deaths in age-groups are expressed as percentages of the total deaths:—

Year	Percentage of Total Deaths Age-Group						
	Under 1 year	1 to under 5	5 to under 15	15 to under 45	45 to under 65	65 years and over	Total
1938	5·9	1·7	1·7	11·4	23·9	55·4	100·0
1961	2·7	0·4	0·5	3·6	20·0	72·8	100·0
1962	2·6	0·4	0·3	3·7	20·1	72·9	100·0

NOTIFIABLE INFECTIOUS DISEASES

The number of notifications of infectious diseases in each of the sanitary districts in Kent is shown in Table 3 at the end of this report.

A summary of the notifications, incidence-rates, deaths and death-rates of the principal infectious diseases in the County is shown in Table 4 at the end of this report.

Smallpox.—Once again no cases occurred during the year. It is now sixteen years since the last case was notified.

Scarlet Fever.—There was a further decrease in the number of cases (1961—564, 1962—488). It is fifteen years since there was a death from the disease.

Diphtheria.—No cases of diphtheria were reported; it is now nine years since a case occurred in a child under 15 years of age.

Enteric Fever.—A small increase in the number of cases, 7 as against 3 in 1961.

Measles.—A considerable decrease in the number of cases reported, 3,993 as against 30,729 in 1961. No deaths occurred.

Whooping Cough.—A considerable decrease in the number of cases notified last year, 201 as against 1,172 in 1961. One death occurred in a child under the age of one year.

Poliomyelitis and Polioencephalitis.—Once again very few cases notified, 6 the same number as notified in 1961. The division between paralytic and non-paralytic cases being 4 to 2. One death occurred in a schoolchild.

Ophthalmia Neonatorum.—One case only was reported.

Malignant Neoplasm.—Once again there was an increase in the number of deaths, the total being 3,798 as against 3,729 in 1961, (18·29% of the recorded total of deaths from all causes.) The mortality rate of 2·24 per thousand of the population is 0·01 higher than in 1961.

The following tabulation shows the mortality from cancer recorded in Kent during the years 1938, 1961 and 1962.

Kent	1938	1961	1962
Urban			
No. of Deaths	1,889	2,989	3,008
Death-rate	1·72	2·30	2·28
Rural			
No. of Deaths	479	740	790
Death-rate	1·70	2·02	2·10
Total			
No. of Deaths	2,368	3,729	3,798
Death-rate	1·71	2·23	2·24

There was a further increase of 69 in deaths from cancer; 101 more males and 32 less females. The increase in the deaths was in each of the age groups under 1, 15 to 45 and 65 years and over. The percentage of the total number of deaths from all causes decreased by 0·04 to 18·29.

The age-sex distribution of the deaths is shown below, and for comparison there is added the years 1938 and 1961.

	All ages	Per-centage	Under 1	1 to under 5	5 to under 15	15 to under 45	45 to under 65	65 and over
1938 M.	1,095	46·2	—	2	—	56	427	610
F.	1,273	53·8	1	2	—	99	490	681
TOTAL ..	2,368	100·0	1	4	—	155	917	1,291
1961 M.	1,980	53·10	1	8	6	72	746	1,147
F.	1,749	46·90	—	1	6	91	585	1,066
TOTAL ..	3,729	100·00	1	9	12	163	1,331	2,213
1962 M.	2,081	54·79	1	5	7	89	741	1,238
F.	1,717	45·21	2	2	5	99	585	1,024
TOTAL ..	3,798	100·00	3	7	12	188	1,326	2,262

DIPHTHERIA/WHOOPING COUGH/TETANUS IMMUNISATION

It is now nine years since a case of diphtheria occurred in the County in a child under the age of fifteen years. Twenty years ago there were 444 cases of diphtheria notified in the County, twenty-two deaths, eighteen of which were children under fifteen years of age.

Triple antigen (diphtheria/whooping cough/tetanus) has again been used in cases of primary immunisation and diphtheria/tetanus vaccine for reinforcing doses at the ages of two and five years, and the same facilities for immunisation were available at child welfare centres, doctors' surgeries and schools.

Once again personal persuasion by doctors, midwives and health visitors was relied upon rather than paper and poster publicity. The following table shows the number of children who received a course of immunisation during 1962.

	Children Born in Years:—							Total
	1962	1961	1960	1959	1958	1953–1957	1948–1952	
Number of children who completed a full course of primary immunisation in the Authority's area (including temporary residents) during the twelve months ended 31st December, 1962	10,200	11,920	718	408	285	784	144	24,459
Number of children who received a secondary (reinforcing) injection (i.e. subsequently to primary immunisation at an earlier) age) during the twelve months ended 31st December, 1962	—	373	5,498	1,592	1,076	9,263	419	18,221

The following table shows the notifications and deaths from diphtheria in ten year periods from 1933 to 1962.

Years	Cases	Deaths
1933–1942	9,412	341
1943–1952	1,344	99
1953–1962	5	—

VACCINATION AGAINST SMALLPOX

During the year 68,469 persons, of whom 18,228 were under the age of one year, were vaccinated and 72,858 were revaccinated against smallpox under the Council's arrangements by general practitioners or County staff. Just over seven times as many persons were vaccinated in comparison with the annual average, which resulted in the County Council expending a sum of £29,452 for record cards submitted by general practitioners. The cause of this increase was the occurrence of several cases of smallpox in this country following its importation by travellers from India. Although there was no need for indiscriminate vaccination in the County many general practitioners found it difficult to resist the demands made. The result was, however, the expenditure of time, money and manpower in receiving and dealing with record cards for which no useful purpose existed.

Application was made to the Ministry of Health for the Council's proposals to be amended so that the only records required by the County Council and hence paid for from County funds were for children vaccinated between the ages of one and two years and school children revaccinated before the age of eight years. This amendment was approved by the Ministry of Health and following a letter to all general practitioners in the county the new arrangements were made effective as from the 1st January, 1963. The present position is, therefore, that the Council's arrangements cover in normal times vaccination against smallpox for children in the age group described. Only in the event of an epidemic directly affecting Kent would consideration be given to the provision of mass vaccination, this being a procedure that can only be justified in exceptional circumstances.

The following table shows the age groups of persons vaccinated:—

Age at date of vaccination	Under 1	1	2 to 4	5 to 14	15 and over	Total
No. vaccinated	18,229	3,531	5,454	17,446	23,810	68,469
No. re-vaccinated	—	147	2,114	19,671	50,925	72,858
TOTALS	18,229	3,678	7,568	37,117	74,735	141,327

VACCINATION AGAINST POLIOMYELITIS

Since vaccination against poliomyelitis was first introduced in 1956, numerous alterations and additions to the scheme have been reported. Again in February, 1962 live oral vaccine was introduced for routine vaccination and the inactivated poliovirus vaccine, Salk vaccine, was only made available when a preference was expressed by a general practitioner. In view of the advantage of the oral vaccine being given by mouth the use of Salk vaccine has virtually ceased.

In 1961 the fourth injection for school children under the age of twelve years had to be postponed because of the shortage of vaccine. When oral vaccine was introduced supplies were sufficient to resume the giving of the fourth dose for school children under twelve years of age.

Facilities continued to be made available for all persons over six months and under forty years of age both at County Council clinics and by general practitioners and where necessary special sessions were held for adults. As far as was possible, all children under the age of five years were vaccinated during the normal child welfare sessions and school children at schools.

By the end of the year there was a further improvement in the percentage of persons in each of the age groups who had been vaccinated. Those born between 1943 and 1962, 87·37% of those eligible had received two injections and 75·75%, three injections. In the group born between 1933 and 1942 51·37% had had two injections and 42·43%, three injections. In the remaining group, persons under the age of 40 years when vaccinated together with the special groups named from time to time by the Ministry of Health, under 35% had received both their second and third injections.

	Born 1943–1962	Born 1933–1942	Others (including born 1920–1932)	Total
Two injections	409,670	99,853	100,545	559,885
Three ,, ...	356,004	82,461	90,269	528,734
Four ,, ...	126,980	—	—	126,980
(School children under 12 years of age)				
Oral vaccine only	16,858	2,026	3,700	22,584

Year	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Notifications—											
Paralytic ..	135	146	40	170	63	217	29	13	8	5	4
Non-Paralytic ..	43	61	23	94	49	163	11	6	6	1	2
Deaths	11	17	6	17	8	19	4	2	2	—	1

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The various services provided under Section 28 of the National Health Service Act, 1946, have been maintained during the year.

Tuberculosis

Notifications

During the year 727 (1961—742) persons were notified as suffering from tuberculosis. On the 31st December, 16,079 (1961—16,840) persons remained on the registers of medical officers of health. Summaries of notifications will be found on page 36.

Provision of Extra Foods

1,701 recommendations were made by chest physicians, of which 1,637 were approved, the remainder not being approved as, at the time of recommendation, the patients' financial circumstances brought them outside the application of the Council's assessment regulations.

Rehabilitation

Persons suffering from inactive tuberculosis who are fit enough to undertake five hours' work a day can, on the recommendation of the chest physician, be admitted to rehabilitation units established at Preston Hall, Maidstone and Papworth Hall, Cambridge. At the end of 1961, 18 were receiving rehabilitation; during 1962, 1 was admitted, 10 discharged and 9 remained at the end of the year.

Beds and Bedding

32 patients, on the recommendation of chest physicians and general practitioners, were provided, on loan, with beds and bedding during the year.

Kent Council of Social Service

This Council has continued to afford assistance to patients and their dependants in the form of extra milk, beds and bedding, clothing, holidays, materials for diversional therapy, finding suitable employment, fares to visit patients in sanatoria and hospitals, re-housing and removal expenses. The County Council make an annual grant for administrative expenses only.

B.C.G. Vaccination

During 1962, 19,696 schoolchildren aged 13 years and over were skin tested, 17,340 were found to be negative and 17,311 were vaccinated. All tuberculin positive children were referred to the chest physician concerned for further investigation.

As in former years, precautionary investigations of school children who had been in contact with known cases of pulmonary tuberculosis were continued. 644 children from 8 schools were skin tested of whom 111 were tuberculin positive and referred to the chest physician. Members of school staffs were also given an opportunity of attending for X-ray.

Means of Controlling Tuberculosis

The means of controlling tuberculosis are the same as given in the Annual Report for 1953, when a full description of the measures taken was included.

Ascertainment of Contacts

Contacts of persons known to be suffering from tuberculosis are persuaded by the health visitors to attend the chest clinics for examination.

The following table shows the extent of contact examination during the years 1957–1962:—

Year	1957	1958	1959	1960	1961	1962	Total
Number notified as suffering from tuberculosis	1,135	987	953	788	742	727	5,332
Number of contacts examined	10,876	9,764	13,869	9,720	11,663	11,497	67,389
Number found to be tuberculous	84	79	83	61	71	81	459

Employment of Persons Known to be Suffering from Tuberculosis

Sputum positive cases are not generally encouraged to return to work but if they do, every precaution is taken to ensure that there is no spread of infection. Where the previous employment is not considered suitable, the Disablement Resettlement Officer of the Ministry of Labour, endeavours to find alternative employment or in certain cases the patient will undertake a course of training for work suitable to his condition.

Illnesses Generally

Recuperative Care

The following table shows the extent of recuperative care provided during the year:—

		No. of Persons Admitted	*Total Weeks*	*Average Stay* *Weeks*	*Days*
Adults	Male ..	47	105·0	2	2
	Female ..	126	277·0	2	1
School Children ..	Male ..	5	12·6	2	4
	Female ..	1	2·0	2	—
Children under 5 years of age	Male ..	1	3·0	3	—
	Female ..	—	—	—	—
Mother and Baby		4	6·0	1	3
Totals		184	405·6	2	1

Recuperative residential care is provided under Sections 22 and 28 of the Act. This is restricted to instances where a person has suffered from an illness which has been treated either in a hospital or at home and whilst needing further medical and/or nursing care of the type that can be provided by a general practitioner and home nurse, cannot have that care at home.

It may be of interest to note that 252 applications for recuperative care were received of which 184 were accepted. The other 68 cases were either withdrawn before going away, or were found to be outside the scheme approved by the County Council.

Nursing Requisites

The British Red Cross Society and St. John Ambulance Brigade, as agents of the County Council, continued to provide from their depots nursing requisites to persons ill at home. The County Council also supplied on loan lifting hoists and various other forms of home nursing equipment. Following is a list of some of the equipment together with the number on loan to patients:—

Lifting hoists	87
Lifting poles	93
Hospital type beds	46
Cot beds	11
Walking Sticks (Tripod and Quadruped)	46
Walking frames	199
Toilet seats, extended	28
Bath seats and boards	65

Beds and Bedding

113 persons were provided with beds and bedding during the year. *Paraplegics*—a hospital-type bed, lifting pole and handle, together with such special nursing equipment as may be recommended by the hospital concerned is provided for persons suffering from paraplegia.

Venereal Disease

The two female Social Workers carried out the following visits in connexion with their duties in tracing contacts and following up persons who have not maintained attendance at clinics:

Number of persons visited	683
Number who attended for treatment ..	560

Health Education

A health education lecturer, on a part-time basis, gave lectures up until the end of June, 1962, to meetings of various organisations on different aspects of health education covering social hygiene, including venereal disease and other associated problems as well as sex education; also aspects of physical education, general physical fitness, food handling and prevention of contamination; immunisation against diphtheria and vaccination against smallpox, poliomyelitis and whooping cough, smoking and lung cancer, control of infectious diseases and local health services. In addition all industrial firms and larger shops in the County were asked to display posters drawing the employees' attention to the hazards to health of smoking and Assistant County Medical Officers gave lectures on the same subject at some of the Secondary, Grammar and Technical High Schools.

CHIROPODY SERVICE

The steady expansion of the service continued during the year although a few areas are still lacking coverage on account of the shortage of suitably qualified Chiropodists.

The service is provided directly by the County Council and is available to "priority classes" only at thirty-one County Centres and at premises of forty-three private Chiropodists.

At the end of the year there were nine full-time Chiropodists and five Sessional Chiropodists at County Clinics and forty-three Chiropodists taking part in the scheme on a fee for service basis.

The following table shows the treatments provided by the scheme during the year:—

		Council Clinics	*Chiropodists' Surgeries*	*Home Visits*	*Totals*
Men aged 65 and over		2,021	4,718	3,641	10,380
Women aged 60 and over		9,884	22,534	16,333	48,751
Physically Handicapped	Males	112	199	174	485
	Females	129	190	753	1,072
Pregnant Women		3	3	1	7

ORTHOPAEDIC SERVICES

The arrangements made for the care of children as a supplement to the hospital schemes resulted in 24,319 attendances at non-hospital clinics compared with 28,193 during 1961. Of the former figure 95·2% were children in attendance at maintained schools and 4·8% children under school age.

CARE OF MOTHERS AND YOUNG CHILDREN

Notification of Births

The number of births notified during 1962 are shown below:—

Place of Confinement			
Domiciliary	*In Hospitals*	*In Nursing Homes*	*Total Births*
10,986	17,355	659	29,000
(37·89%)	(59·84%)	(2·27%)	(100%)

After adjustment to allow for the deduction of births occurring within the County but relating to non-County residents, and the addition of births occurring outside the County but relating to Kent residents, the figures of notified births are as follows:—

	Domiciliary	*Hospitals and Nursing Homes*	*Total Births*
Live births	10,883	18,094	28,977
Still births	72	409	481
	10,955	18,503	29,458

Centres and Clinics

At the 31st December, 1962 there were 291 child welfare centres and 51 ante-natal and post-natal clinics in the County. Two hundred and twelve of these were staffed by general medical practitioners and the remainder by the Council's medical staff. Attendances were as follows:—

Child Welfare Centres

Children under 1 year	360,787	Total attendances	532,448
,, 1–2 years	83,978		
,, 2–5 years	87,683		

Number of children under 1 attending for the first time 27,382

Total number of children attending during the year 73,700

Ante-Natal and Post-Natal Clinics

First attendances	5,332
Subsequent attendances	17,605

Premature Births

During the year notifications were received of 1,655 babies who weighed 5½ lbs. or less at birth. Details of these are given in the following table from which it will be seen that 1,296 were born in hospital and 12 in nursing homes. The remaining 347 were born at home, although 66 were subsequently transferred to hospital.

Notifications were received of 270 premature still births and details of these are also given in the following table:—

Weight at Birth	Premature Live Births															Premature Still-births		
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	155	72	55	6	3	3	5	2	3	—	—	—	1	1	—	111	7	—
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	254	17	214	12	1	11	30	1	26	5	—	4	—	—	—	74	11	—
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	289	9	267	49	3	45	16	2	14	2	—	2	—	—	—	28	3	—
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	598	8	583	214	—	214	15	—	13	4	—	4	—	—	—	29	6	—
Totals	1296	106	1119	281	7	273	66	5	61	11	—	10	1	1	—	242	28*	—

*Includes 1 of weight unknown.

Unmarried Mothers and their Children

Provision for the residential care of 245 unmarried mothers and their babies was arranged at the Council's expense at voluntary homes mainly those administered by the Canterbury and Rochester Diocesan Councils for Moral Welfare.

The Council's Mother and Baby Home, which has twenty-two beds and fourteen cots, admitted 113 patients during the year, and these included a number who would not normally be accepted in the Diocesan Homes because of previous pregnancies or other considerations. Special arrangements needed to be made for the future care of some of these women and their babies, and there continued to be a close association between the officers of the Council and the workers of the voluntary organisations.

Health Visiting

At the end of the year the number of health visitors on the staff was 255 full-time and 7 part-time and 11 student health visitors. The majority of the health visitors are engaged on combined duties with the care of mothers and young children and the School Health Service. A number of health visitors have been appointed for special services directly concerning persons suffering from tuberculosis. Other duties concern Nurseries and Child Minders Regulations, immunisation and vaccination, mental health services, health education and some services for the Children's Committee.

Health Visitors work in close association with general practitioners and a number of these practitioners ask health visitors to make home visits to old people discharged from hospital or living alone, to various problem families on the doctor's list and to help mothers seeking advice on the feeding of infants. In some instances regular meetings are arranged between health visitors and general practitioners at which discussions are held on cases of mutual interest and there are 24 clinics run by general practitioners in their own surgeries at which arrangements have been made for health visitors to attend. The follow-up of patients discharged from hospital is carried out at the request of the almoner or doctor.

The number of children under five years of age visited during the year totalled 117,302. Visits were paid to 6,645 expectant mothers and 29,679 children under one year of age. The number of families or households visited was 101,878 and the total number of visits paid by health visitors was as given below: the figures for 1961 are given in brackets.

To expectant mothers	6,645	(6,577)
To children under 1 year	194,247	(163,847)
To children aged 1 and under 2 years	110,721	(96,160)
To children aged 2 and under 5 years	173,295	(155,539)
To patients with tuberculosis	24,735	(25,114)
Other visits (hospital care, care of old people, etc.)	23,588	(28,309)
Total Visits ..	533,231	(475,546)

Nurseries and Child Minders Regulation Act

At the end of the year 51 premises with accommodation for 1,423 children were registered under the Act. There were also 99 registrations of child minders covering a total provision for 1,090 children. Regular inspections of the premises are carried out by medical officers and health visitors.

Dental Treatment

During the year there was no variation of the arrangements made for the care of mothers and young children. The equivalent of one whole time dental surgeon spent 460 sessions on the inspection and treatment of 363 mothers and 829 children under school age in 54 permanent clinics, and in four mobile caravans visiting rural districts. Details of the work carried out during the year for mothers and young children with comparable figures for 1961 are given in the table below:—

Year	*Examined*	*Needing Treatment*	*Actually Treated*	*Made Dentally Fit*
Expectant and Nursing Mothers				
1961	460	448	430	381
1962	393	370	363	254
Children under School Age				
1961	841	684	641	622
1962	954	858	829	811

The number of scalings and polishings of teeth carried out by the oral hygienist was 2,658 in 458 sessions in addition to those shown in the table below.

TABLE "A"

Expectant and Nursing Mothers

Number treated	363
Number made dentally fit	254
Number of attendances	1,719
Number of extractions	748
Number of scalings and gum treatment	380
Number of teeth filled	581
Number of fillings inserted	653
Number of other operations	688
Number of dentures supplied	206
Number of dentures repaired	18

TABLE "B"

Children under School Age

Number treated	829
Number made dentally fit	811
Number of attendances	2,509
Number of extractions	839
Number of silver nitrate treatment	1,230
Number of teeth filled	1,005
Number of fillings inserted	1,047

WORKSHOPS

During the year one of the seven technicians employed at the workshops resigned his appointment on the staff. The technicians have been fully employed in the manufacture of artificial dentures and orthodontic appliances and the return of work to the dental clinics has been promptly maintained.

Table "C" below shows the work carried out in the County Workshops:—

TABLE "C"

Mothers and Young Children

Dentures	*Denture Repairs*
206	18

School Children

Dentures	*Denture Repairs*	*Orthodontic Appliances*	*Repairs*	*Crowns, Bridges & Inlays*
349	56	1166	167	37

DOMESTIC HELP SERVICE

The figures given below show the various categories of the 14,899 households where service was provided during the year with the figures in brackets showing the position for 1961:—

Maternity patients	2,075	(2,125)
Tuberculosis patients	110	(137)
Person or persons over 65 years	10,223	(9,996)
Others, e.g., illness, mental disorder, etc.	2,491	(2,617)
Total households served	14,899	(14,875)

The average number of helps employed part-time was approximately 1,400.

FAMILY CARE SERVICE

This service, which is administered by the Domestic Help staff, received 492 applications in 1962 compared with 500 during 1961. All applications were received from the Children's Officer for temporary help to be provided during the absence of the mother and as an alternative to the children being taken into care by the Children's Committee. Help was provided for 353 families for an average of eighteen days' service per child and covered the care of 1,341 children. The circumstances calling for the provision of this service were mainly the admission of the mother to hospital for treatment (190) and for confinement or complication in pregnancy (121) or to a convalescent home (3). In eight cases the need arose because of the death of the mother and in thirty-one from desertion by the mother.

FAMILY WELFARE SERVICE

The Family Welfare Service provides organised and constructive facilities for the rehabilitation of problem families. There are, of course, many definitions of problem families but for working purposes, they can be defined as those households where dirt, disintegration, disorder and debt are manifest to such an extent that the intervention of statutory and voluntary agencies is imperative if the families are to continue as families and secure an acceptable standard of care for the children.

For many years Health Visitors helped and assisted problem families and these officers send the majority of requests for the rehabilitation services. More cases are, however, being reported by officers of District Councils, particularly in cases where rent arrears in municipal houses have accumulated and eviction is under consideration.

During 1962, 84 families compared with 90 in 1961 received the Family Welfare Service, 48 commencing the initial service and the remaining 36 continuing with the service started in 1961. Seventy-five requests for the service were received during the year, 38 being from health visitors, 24 from Housing Authorities and 14 from other sources. In all cases investigations were carried out by the County Domestic Help Organiser and where service was not provided i.e. in 27 instances, the reasons were 9 not being considered suitable for the service and 18 families refused the offer of help.

An assessment of the results in the 84 households indicates considerable success in 50%, partial success in 30% and no apparent success in 20%.

Rehabilitation of Problem Families

Responsibility for the maintenance of problem families at rehabilitation centres for limited periods can be accepted in cases where, because of unsuitable housing conditions or other special reasons, the Family Welfare Service is unlikely to be successful. Objections to the use of rehabilitation centres are that the training of the family is not carried out in the actual home, as is the case with the Family Welfare Service, the husband has to give up his normal employment and obtain temporary work near the Centre, and if the family has to be rehoused at the end of the period of rehabilitation delay may arise in the provision of accommodation. In general, rehabilitation by means of the Family Welfare Service is more successful.

Night Attendant and Evening Service

This service, also administered by the Domestic Help staff, received 494 applications during the year. In 423 cases, help was provided by the Council, 267 for night service and 153 for evening service and 3 for both services. The sources from which these requests for service were received followed the usual pattern, 292 coming from the patients' doctors. At the close of the previous year service was being given in 98 cases, so that a total of 521 were served during 1962. Of this figure 453 cases ended during the year the principal reasons being admission to hospital or to a home (143), improvement (119) or through death (126).

MIDWIFERY AND DISTRICT NURSING SERVICES

The staff at the end of the year was 6 administrative midwifery and nursing officers, 136 whole-time midwives, 187 whole-time nurses, 130 whole-time nurse-midwives and 31 part-time nurses and midwives.

Midwifery Service

The following table shows the number of midwives practising in the County at 31st December, 1962, and the number of deliveries attended by midwives during the year; the corresponding figures for 1961 are shown in brackets.

	Number of Midwives practising as at 31.12.62		*Number deliveries attended by Midwives during 1962*	
Domiciliary Midwives				
Midwives and Nurse/Midwives employed by the County Council	266	(265)	10,820	(10,371)
Other Domiciliary Midwives	21	(27)	50	(75)
Totals	287	(292)	10,870	(10,446)
Institutional Midwives				
Employed by Hospital Authorities	300	(280)	14,263	(14,304)
Employed in Voluntary Institutions	2	(3)	60	(54)
Employed in Private Nursing Homes	12	(11)	310	(328)
Employed in Military Families Hospitals	6	(6)	175	(191)
Totals	320	(300)	14,808	(14,877)
Totals for all Midwives	607	(592)	25,678	(25,323)

Domiciliary Care of Hospital Patients

The statutory minimum of the lying-in period, during which the attendance of a midwife is requisite was reduced from 14 to 10 days in 1960. However, because of the heavy and sustained demand for hospital beds for confinement in 1962, maternity units continued to find it necessary to discharge a number of patients to the care of domiciliary midwives before the tenth day and, in some instances, shortly after delivery. In 1962 there were 2,776 maternity patients transferred from institutional to domiciliary care as compared with 2,428 in 1961.

Inhalational Analgesics

Relief from pain in childbirth can be provided by midwives administering to their patients either a mixture of nitrous oxide and air or a mixture of trichloroethylene and air. The latter method was first approved by the Central Midwives Board in 1955 as a safe method by which midwives could induce analgesia and a commencement was made in that year in its use by the Council's midwifery staff; now all County Midwives have the use of the necessary apparatus.

In 1962 an analgesic was administered in approximately 89·2% of all domiciliary confinements attended by midwives and in almost all instances trichloroethylene and air was employed.

Maternal Mortality

A maternal death is one due to or associated with pregnancy, childbirth or abortion. As part of a continuing national enquiry, it is the practice to investigate confidentially the circumstances of each death ostensibly due to or associated with maternal factors.

Out of ten deaths investigated, eight were finally assigned to the County as being maternal deaths. An analysis of the investigations is given below:—

	Deaths from Sepsis	*Deaths from Other causes*	*Total*
Women who had arranged for a home confinement..	—	3	3
Women who had arranged to be confined in hospital..	—	6	6
Women who had arranged to be confined in a nursing home	—	—	—
Women who had made no arrangement for the confinement..	—	1	1

District Training of Pupil Midwives

All pupil midwives must have at least three months training in district midwifery. During the year County midwives had under their tuition, pupils from the following hospitals:—

Pembury Hospital, near Tunbridge Wells
All Saints' Hospital, Chatham
West Hill Hospital, Dartford
Bexley Maternity Hospital, Bexleyheath
Kent and Canterbury Hospital, Canterbury

The number of pupil midwives who completed their domiciliary training with County midwives during 1962 was 134 as compared with 128 in the previous year.

Courses of Instruction for Midwives

The Central Midwives Board requires midwives who are in regular practice to attend, at intervals of five years, a residential refresher course. During 1962 arrangements were made for 40 of the Council's midwives and nurse/midwives to attend such courses.

In 1924 the Council commenced to hold refresher courses of one week's duration for practising midwives and apart from the interruption of the war years and except during 1948 and 1957, these courses have been held annually.

The course held in September 1962 was the thirty-first and was attended on an average by 190 midwives daily.

Off-Duty Relief Arrangements for Midwives

The method employed to provide the equivalent of a five-day week for midwives and nurses varies from area to area, but is based on the granting of a total of eight days off-duty in every twenty-eight.

Relief for those midwives who are off duty is provided either on a reciprocal basis by their colleagues who work in the same group or by a midwife employed solely on relief duties.

A rota of relief from night calls is not operated by the midwives in each group but, the five-day week arrangements do allow for each midwife to have, on average, 96 hours off call every fortnight.

District Nursing Service

The following table shows the patients attended and the total number of attendances for each of the years from 1958 to 1962:—

Individual Patients attended during:—					Nursing attendances made during:—				
1958	1959	1960	1961	1962	1958	1959	1960	1961	1962
27,298	25,760	24,342	24,087	23,020	800,353	755,136	724,151	717,212	688,071

The year 1958 is selected as the commencement of these comparisons because it was the first year since 1948 that there had not been an increase in the demands made for the services of district nurses.

Sixty-five per cent of all patients seen in 1962 were at the age of 65 or over; the comparable figure for 1962 was sixty-two per cent; the nursing attendances for this group in 1962 formed 68·5 per cent of the total as compared with 65·0 per cent in 1961.

During 1962 there were 5,517 patients who received 196,817 visits solely for the giving of injections; the comparable figures for 1961 were 5,595 patients and 204,672 visits.

Post-Certificate Training

Since 1950 the Council has held a post-certificate refresher course for its district nurses: this has usually taken the form of a number of lectures and demonstrations given at one centre during the period of one week. However, in 1962 the emphasis of the refresher was on geriatrics and after two afternoons of lectures, groups of nurses made visits at differing times to various hospital geriatric wards, in which arrangement the staff of seven hospitals co-operated.

District Nurse Training

During the year the Minister of Health gave his approval to the Council providing courses of instruction in district nursing that resulted in the award to successful candidates of the National Certificate of District Nurse Training.

The training syllabus is intended to enable the nurse candidate to become efficient in district nursing and includes the adaptation of hospital nursing techniques to nursing in the home, the nursing of illnesses met infrequently in hospital, sufficient knowledge of the social services for the nurse to recognise when one or more of these services might be necessary for the patient's welfare, the teaching of home care to relatives of the patient and the use of opportunities for health education.

The training lasts for a maximum of sixteen weeks, but this period is reduced to one of twelve weeks in the case of candidates with particular experience and qualifications.

The first course was held from 1st September to 31st December, 1962, and in the examination that followed all fourteen candidates were successful at the examination for the National Certificate.

BLIND PERSONS

The number of registered blind persons in the County at the 31st December, 1962, was 3,475 and the age-sex grouping is:—

Age group	*Male*	*Female*	*Total*	*Approx. number of registered blind persons per 10,000 population in respective age groups*
Under 1	—	—	—	
1	1	—	1	
2	3	—	3	
3	2	—	2	1·98
4	2	2	4	
5—10	21	12	33	
11—15	24	15	39	
16—20	18	14	32	
21—29	34	20	54	
30—39	62	48	110	
40—49	115	76	191	
50—59	139	138	277	
60—64	105	124	229	
65—69	146	209	355	26·50
70—79	326	585	911	
80—84	151	382	533	
85—89	125	307	432	
90 and over	56	213	269	
Totals	1,330	2,145	3,475	

Amendments to the Blind Register during 1962

Number on the register at 31.12.1961..	—	3,374
Add (*a*) New cases	413	
(b) Re-registered	3	
(c) Transfers in from other areas	76	
		492
		3,866
Deduct		
(a) Died	328	
(b) Untraced	4	
(c) De-certified	4	
(d) Transfers out to other areas	55	
		391
Number on the register at 31.12.1962..		3,475

The following table shows the action taken concerning the examination of persons alleged to be blind during 1962:—

	Number of examinations	Certified Blind		Not certified Blind	
		Male	Female	Male	Female
New Cases	524	154	222	55	93
Re-Examinations:—					
Previously blind—still blind	4	1	3	—	—
Previously blind—now not blind	3	—	—	1	2
Previously not blind—still not blind ..	27	—	—	9	18
Previously not blind—now blind	46	17	29	—	—
Totals ..	604	172	254	65	113

St. Dunstaners

The number of St. Dunstaners registered in this County is 80, of whom 40 are in employment, 39 are unemployable and 1 was unemployed at the end of the year.

Register of Blind Persons

The central register of the blind is kept in the Health Department and arrangements have been made to keep the Kent County Association for the Blind informed of action taken concerning blind persons.

The Blind Welfare Services provided are:—

Home Teachers

There are 17 home teachers who regularly visit the registered blind persons and keep in touch with those who are classed as partially sighted. Their duties include reporting on new cases with a view to registration and teaching Braille, Moon and pastime handicrafts in suitable cases. This pastime work is taught either in the homes of the blind persons, or at special classes when the number attending justifies such arrangement. The home teachers have formed and in some cases attend social clubs where an opportunity is provided for refreshment, education and games. Their duties are arranged to enable them to undertake certain enquiries and services for the Kent County Association for the Blind. Although approval was given for the establishment of home teachers to be increased from 15 to 18 from the 1st October, 1961, it has not been possible to fill one of the three new posts.

During the past year the home teachers made 17,700 visits, gave 696 lessons in Braille or Moon and 4,664 lessons in pastime handicrafts for blind persons and 1,087 visits, 87 lessons in Braille or Moon and 63 lessons in pastime handicrafts for partially sighted persons.

Workshop Employment

There were 11 men and 4 women employed in workshops administered by the following Organisations:—

London Association for the Blind

Blind Employment Factory

Royal School for the Blind

Royal London Society for the Blind

West Ham Municipal Workshops for the Blind

These workshop employees were occupied as follows:—

	Male	*Female*
Injection moulder	1	—
Basket makers	*6	—
Brush makers	*2	—
Mat makers	1	—
Machine knitters	—	4
Boot repairer	1	—

* Includes one partially sighted person.

The rates of pay in the workshops are agreed rates fixed through the appropriate negotiating procedure. The workers' actual earnings are augmented by a sum of 15s. 0d. a week and additional supplementation as is necessary to bring the earnings plus augmentation up to an agreed minimum wage. The augmentation and supplementation is paid by the Council.

Home Employment

Arrangements are made under the Home Workers Scheme whereby blind persons desiring to work on their own account can do so in their homes, at occupation centres or elsewhere other than in special workshops, except that no blind person is allowed to participate in these arrangements unless he is capable of earning such minimum sum each week and for such period as may be determined by the Council.

The earnings of Home Workers are augmented by the County Council. The rates of augmentation range between £4 11s. 0d. for men on net earnings of up to £4 10s. 0d. a week, reducing to £1 11s. 0d. on net earnings over £10 8s. 0d. a week, with reduced rates for women.

The scheme also provides for payments during sickness, unemployment and holidays, and tests for admission to and retention in the scheme.

At 31st December, 1962, there were 43 persons in the Home Workers Scheme—31 males and 12 females. The trades followed and the number in each, were as follows:—

	Male	*Female*
Basket makers	9	—
Chair seaters	*3	—
Hand knitters	—	2
Machine knitters	—	10
Mat makers	2	—
Piano tuners	12	—
Braille copyists	2	—
Woodworkers	2	—
Refreshment bar keeper	1	—

* Includes one partially-sighted person.

Home Workers are supervised by the Royal National Institute for the Blind, the National Library for the Blind, the Home Teachers and District Officers of the Department and receive assistance in the disposal of their products.

The Department has continued to consult with the Ministry of Labour regarding suitable training and employment for employable blind persons.

The Service for placement of blind persons in open industry is provided by the Royal National Institute for the Blind on behalf of the County Council.

FOLLOW-UP OF TREATMENT RECOMMENDED FOR REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS

Number of cases registered during 1962 in respect of whom Section F of forms B.D.8 completed by examining ophthalmologists recommended:—	Cause of Disability				
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	Total
(*a*) No treatment	78	51	1	245	375
(*b*) Treatment:—					
(i) Medical	14	17	—	56	87
(ii) Surgical	49	2	—	10	61
(iii) Optical	6	—	—	13	19
TOTALS ..	147	70	1	324	542
Number of cases at (*b*) above, which on follow-up action have:—					
Received treatment	17	1	—	25	43
Commenced and were continuing to receive treatment ..	10	13	—	28	51
Decided to have treatment some time in the future ..	20	—	—	9	29
Been found unfit to undergo treatment	4	2	—	1	7
Refused treatment	11	—	—	2	13
Died since recommendation made	6	2	—	13	21
Left the County before follow-up completed	1	1	—	1	3
TOTALS ..	69	19	—	79	167

OPHTHALMIA NEONATORUM.

One case of Ophthalmia Neonatorum was notified during the year. There was no loss or impairment of vision and the case did not remain under treatment at the end of the year.

WELFARE SERVICES FOR THE HANDICAPPED

HANDICAPPED PERSONS OTHER THAN THE BLIND, PARTIALLY SIGHTED AND DEAF OR DUMB

REGISTER

A central register is maintained in the Health Department of handicapped persons assisted under the Council's arrangements, and the following table gives details of the persons on the register on the 31st December, 1962:—

	Children under 16	*Persons aged 16-64*	*Persons aged 65 and over*	*Total*
Males	9	484	143	636
Females	1	438	192	631
TOTAL	10	922	335	1,267

SOCIAL WELFARE

The 21 District Officers of the Department are designated as welfare officers for the purpose of giving help and advice to handicapped persons and assisting them to overcome the effects of their disabilities.

ADAPTATION OF PREMISES

The steady rise in the number of applications received from handicapped persons for assistance with the cost of adaptations to secure their greater comfort or convenience has continued, and during the year arrangements were made to carry out adaptations at the homes of 78 persons. This is an increase of 50% in the numbers compared with last year. 31 of the adaptations involved the con-

struction of runs-in and footpath crossings to facilitate the use of invalid tricycles supplied to disabled persons by the Ministry of Health; the others consisted of the fitting of handrails on staircases and in bathrooms, and in a few cases, more extensive alterations were carried out to enable handicapped persons to be more mobile and independent in their own homes. The most extensive alterations was the adaptation during the course of its construction of a three bedroomed council house to provide ground floor living and sleeping accommodation, toilet and bathing facilities for a young handicapped girl living with her parents. The estimated cost of the work was £500.

Clubs

Financial assistance was given by the County Council towards 22 clubs organised by the British Red Cross Society and other voluntary agencies for handicapped persons. Approval was given in 64 cases to the use of ambulance service vehicles to convey handicapped persons to clubs where they were incapable of using other means of transport.

Holidays

Holidays of up to two weeks in any year are provided to handicapped persons who are homebound, chairbound or where there are other circumstances which would make it difficult for them otherwise to obtain a holiday. During the year 123 handicapped persons were assisted to take holidays.

Domestic and Personal Aids

Specially designed aids to help those who have only limited use of hands or limbs to attend to their personal and everyday needs were supplied to 27 handicapped persons.

Craft Service

There are seven craft instructors whose function it is to assist homebound handicapped persons to engage in remunerative or diversionary occupations. They also endeavour to obtain outwork from local firms for handicapped persons to do at home.

Tools and equipment are supplied on loan and an initial free issue of materials is made to those who are capable of being taught to make saleable articles, subsequent supplies being provided at cost. Handicapped persons who cannot make articles which can be sold and who need pastime occupations of a diversionary character are supplied with a limited amount of materials free each year.

During the year, a day work centre was opened at Darenth Park Hospital at which an average of 16 disabled persons have attended daily to engage on outwork under the supervision of a craft instructor.

In 1962, the craft instructors made 12,588 visits and assisted 745 handicapped persons to undertake some form of work, either at home or at the centre. Outwork was obtained from the County Supplies Department and 20 private firms for 239 persons. The work done for the County Supplies Department included the making of bean bags, radiator covers, leatherwork, children's toys and clock repairs. Outwork obtained from private firms consisted of threading drawstrings in plastic toilet bags, making arm bands and lamp shades, assembling greeting cards and electrical components and making necklaces.

Sheltered Employment

The County Council is responsible for the payment of grants in respect of the employment of one woman at the Yateley Industry for Disabled Girls, one man in the sheltered workshop at the British Legion Village, Preston Hall, and one woman whose employment at The School of Stitchery and Lace commenced on the 24th September, 1962.

Disabled Drivers' Car Badges

Car badges are issued to certain categories of disabled drivers to assist them in overcoming difficulties in parking. The badges confer no legal rights or privileges but they enable disabled drivers to be readily identified so that the police and other road users can help them find suitable places in which to park their vehicles. During the year badges were issued to 179 severely disabled drivers, making a total of 461 since the introduction of the scheme in 1961.

Persons who are Deaf or Dumb

The Canterbury Diocesan Association for the Deaf and the Royal Association in Aid of the Deaf and Dumb act as agents of the County Council for the purpose of providing in their respective areas the services prescribed by the mandatory provisions of the Council's approved scheme for the welfare of the deaf or dumb.

AMBULANCE SERVICE

The ambulance service is provided from sixteen County ambulance stations and three stations operated by the St. John Ambulance Brigade under agency arrangements. In addition, a joint service is operated with the Canterbury City Council covering the City and the surrounding County area.

Emergency Calls

During the year 18,865 emergency calls were answered and the average time taken to reach the scene from the receipt of the call was 6·4 minutes. The number of persons attended as emergency cases was 19,958, representing just under 3% of all patients carried by the service.

Rail Journeys

Excellent arrangements are made by the staff of British Railways for the welfare and comfort of patients travelling by rail. During the year 3,913 patients were conveyed by this means, and in many cases the voluntary aid societies provided escorts.

Radio Telephony

The radio telephone network operates through six main transmitters and 190 radio equipped vehicles.

Station Accommodation

In 1962 the new Ashford and Deal Ambulance Stations were completed, and those at Thanet and Sittingbourne were under construction.

Vehicles

The following shows the vehicle position at the end of 1962.

	Stretcher Ambulances	*Sitting Case Ambulances*
Vehicles operated by the County Council	134	115
County vehicles allocated to the Canterbury Joint Service	4	1
County vehicles operated by St. John Ambulance Brigade	5	1
	143	117

Operational Statistics

Ambulance Service Vehicles	*1961*	*1962*
Total mileage	3,826,119	3,861,353
Number of journeys	134,840	136,775
,, ,, patients carried ..	682,509	694,594
,, ,, emergency cases ..	20,161	19,958
Hospital Car Service		
Total mileage	158,152	149,339
Number of journeys	2,879	2,555
,, ,, patients carried ..	7,794	6,437
Whole Service		
Total mileage	3,984,271	4,010,692
Number of journeys	137,719	139,330
,, ,, patients carried ..	690,303	701,031

MENTAL HEALTH

The arrangements for the care and after care of mentally disordered persons in the community in the second full year of the Mental Health Act, 1959, have continued to operate satisfactorily. The total number of persons requiring the service increased from 2,837 last year to 3,003 at the end of 1962.

A new Training Centre at Darenth for men was opened in September and the number of persons attending Centres increased by 50 to 730 at the end of the year.

The appointment of attendants to relieve supervisory staff of the duty of cleaning incontinent children has been extended and 9 of the 10 Centres providing accommodation for juniors now have such staff.

Supervisory Staff at the Centres at the end of the year was:—

Supervisors 12—10 qualified

Assistant Supervisors 70—10 qualified

8 Home Teachers (1 qualified) continue to be employed and instruct 137 persons in their own homes.

During the year two members of the staff were successful in obtaining the Diploma of the National Association for Mental Health. A three day Refresher Course for all Training Centre Staff and Home Teachers was held at Hildenborough Training Centre.

During the year a further 4 Medical Practitioners were approved for the purposes of Section 28 of the Mental Health Act and the total now approved is 71.

The number of persons for whom Guardianship is considered necessary continues to diminish and there are now only 4 persons receiving this form of care.

There were in the County at the end of the year 2 Mental Nursing Homes and 7 Residential Homes registered under Sections 14 and 19 of the Act.

ENVIRONMENTAL HEALTH

1) Sewerage

(a) Sewerage schemes concerning mainly rural areas submitted to the County Council for grant purposes since 1945 have resulted in considerable extensions in the drainage facilities in the County. These schemes have improved housing standards and facilitated the provision of new housing. They have also contributed to the protection of water supplies and to the prevention of pollution of streams and water courses.

The estimated cost of schemes which have been grant aided is £4,523,306 involving County grants at the rate of £59,733 a year.

(2) Water Supplies

(*a*) *In Rural Districts*

The cost of schemes for water mains extensions in rural districts during 1962 was £134,808 involving County grants at the rate of £2,284 a year.

(*b*) *Section 14. Water Act, 1945*

Licences are issued by the Ministry of Housing and Local Government to industrial and agricultural interests, to control the sinking of new bore holes and the abstraction of underground water in conservation areas. Conditions are attached to licences concerning the dimensions of bore holes, rates of extraction, instrumentation and records required to be maintained.

During the year the first complete survey of 106 licensed installations was made.

(*c*) *Examination of Water Supplies*

During the year local authorities in the County submitted samples of distributed water supplies to bacteriological and chemical examination to the extent indicated in the following table:—

	Bacteriological	*Chemical*
(*a*) from statutory water supply undertakings* ..	1,982	278
(*b*) from private sources piped to dwellings ..	330	16
(*c*) from other private sources	119	13

* Excluding Metropolitan Water Board area of supply.

In addition to these examinations the Mid-Kent Water Company makes available reports on sources of water (i.e. of raw untreated water).

Number of dwellings not supplied by pipes

Returns by district councils indicate that the number of dwellings in the administrative County area not supplied by public water mains or other adequate piped supplies is 1,656.

(3) Milk and Dairies

Staff of the Health Department are concerned with the whole field of milk and dairies administration beginning at the place of production where sampling for biological examination of milk at farms is carried out, continuing at processing establishments where pasteurising and sterilising plant and procedures are supervised and ending at the point of retail sale where each dairyman and shopkeeper is subject to conditions of a County Council licence. Further control is exercised in the case of school milk supplies and under the Milk-in-Schools Scheme each supply is subject to the approval of source and quality. Liaison is maintained with Health Departments of District Councils and with the Ministry of Agriculture, Fisheries and Food. In addition the County Medical Officer is represented at meetings of the Milk Production Committee of the County Agriculture Executive. These meetings provide a valuable forum for discussion for the several authorities concerned in the many aspects of milk production and distribution. Brief reports are included in the following paragraphs on each aspect of milk and dairies administration carried out by the Department.

(*a*) *Milk (Special Designation) Regulations, 1960*

The Health Department is responsible for the issue of licences under these regulations to all milk dealers and for the control and supervision of all dairies and milk distributors in relation to licence conditions. 1,131 licences had been issued by the end of the year, these being of four types as follows:—

Dealer's (Tuberculin Tested) Licences	24
Dealer's (Pasteuriser's) Licences	15
Dealer's (Steriliser's) Licences	1
Dealer's (Pre-Packed Milk) Licences	1,091

Dealers holding "pre-packed milk" licences handle only bottled or cartoned supplies, whilst licensees in the other three categories handle open milk.

(*b*) *Examination of Milk Supplies*

(*i*) *Sampling of Milk*

All milk sold by dealers is subject to prescribed tests as follows:—

Sterilised Milk	Turbidity Test
Pasteurised Milk	Phosphatase Test and Methylene Blue Test
Raw Milk	Methylene Blue Test

The Turbidity Test and Phosphatase Test are tests of processing, whilst the Methylene Blue Test is a test of keeping quality and, therefore, of bacterial condition.

Routine samples of milk, which are taken by the Chief Inspector of Weights and Measures Department are submitted for examination to the Public Health Laboratory and where failures occur investigation and enforcement procedure is dealt with by the Health Department. A summary of the sampling carried out in the County area during 1962, together with similar sampling undertaken by the other Food and Drugs Authorities in the County is given below:—

	No. of Samples	Type	Appropriate Test	Passed	Failed
County Council sampling at processing plants	759	Pasteurised	Methylene Blue	754	5
			Phosphatase	757	2
	41	Sterilised	Turbidity	41	0
County Council sampling in course of distribution	58	T.T. Raw	Methylene Blue	54	4
	1,248	Pasteurised	Methylene Blue	1,200	48
			Phosphatase	1,245	3
	49	Sterilised	Turbidity	49	0
Sampling by other Food and Drugs Authorities	146	T.T. Raw	Methylene Blue	136	10
	1,261	Pasteurised	Methylene Blue	1,213	48
	1,360		Phosphatase	1,351	9
	206	Sterilised	Turbidity	205	1

(*ii*) *Other Examinations*

Health Department officers take samples of washed bottles, churn rinses, plant swabs and also, where necessary, dairy water supplies. The results of these samples reflect the efficiency of the cleansing and sterilising routines in use at the dairy and serve to draw attention to any inadequacies of the methods employed.

(*c*) *Pasteurisation Plant*

The number of dairies in the County where licences to pasteurise milk are held is as follows:—

Licensed by the County Council	15
Licensed by other Food and Drug Authorities in Kent ..	19

Of the licences issued by the County Council eleven are for "H.T.S.T." installations which operate on the continuous flow principle and four are for plant of the batch-holder type used by the smaller dairyman. So far as inspection is concerned the most important issues which arise at processing dairies continue to be in relation to temperature levels, the operation o fcontrolling devices to cut off milk flows which fail to reach the prescribed temperature and procedures in relation to bottle washing. The results achieved so far as processing is concerned are reflected in the results of samples taken at the plants and these are given in the table in Paragraph (*b*) (*i*).

(*d*) *Sterilisation Plant*

One large dairy in Kent operates a milk sterilisation plant in addition to the normal pasteurising installation, and sterilised milk therefrom is distributed over a wide area of Kent and Sussex. The plant is of modern layout and construction and is well run with high standards of bacteriological control. The quantity processed daily is 3,000 gallons.

(*e*) *Biological Examination of Milk*

The programme of farm sampling at morning milking continued throughout the year and 417 farms were visited.

Samples are examined for tuberculosis and Brucella abortus. As is to be expected in an "Attested area" these biological milk examinations confirm that there is no evidence of tuberculosis in the milk supply.

(*f*) *Hospital Dairy Farms*

Duties at hospital farms comprise monthly sampling of producers' milk for keeping quality examination and three-monthly sampling for biological examination. 3 samples failed the Methylene Blue Test during the year; all the biological examinations were satisfactory. The Director of the Public Health Laboratory notifies the Ministry of Health of all results and usually no further action is required of the Department.

(*g*) *Milk-in-Schools Scheme*

In consultation with District Medical Officers of Health, the County Medical Officer is required to approve the source and quality of school milk supplies. Wherever possible, approved supplies are of pasteurised milk, but at the beginning of the year there were still three schools, each having a different supplier, for which pasteurised milk could not be obtained and these schools received raw tuberculin tested milk. During the year, however, a pasteurised milk supply was obtained for each of these schools and the position now is that for the first time in Kent all school milk supplied under the scheme is pasteurised.

The examination of school milk supplies in the areas where the County Council is the Food and Drugs Authority is also provided for in the sampling programme arranged with the Chief Inspector of Weights and Measures. In addition to the biological examinations already described school milk samples are submitted to the prescribed tests for pasteurised milk and to examination for chemical composition. A summary of the appropriate sample results is given below together with the results of school milk samples taken by the other Food and Drugs Authorities in the County.

The number of contractors supplying milk to schools throughout the County is 76.

Authority	School Milk Samples					
	Pasteurised Milk				Raw Milk	
	Phosphatase Test		Methylene Blue Test		Biological Examination	
	Pass	Fail	Pass	Fail	Neg.	Pos.
Kent County Council ..	133	0	121	3	—	—
Other Food and Drugs Authorities	183	0	157	15 (Plus 4 void)	—	—

(*h*) *Milk and Dairies (General) Regulations, 1959*

The number of dairies and distributors registered by district councils under the above Regulations are:—

Number of registered dairies in the County Food and Drugs area	94
Number of registered distributors in the County area	1,157
Number of registered dairies in the other Food and Drugs areas	62
Number of registered distributors in other Food and Drugs areas	1,213

(4) Meat Inspection and Slaughterhouses

(*a*) *Meat Inspection*

The following information is supplied by District Councils.

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	15,944	6,184	6,586	74,273	138,576	—
Number inspected	15,944	6,184	6,586	74,265	138,576	—
All diseases except Tuberculosis and Cysticerci Whole carcases condemned	3	11	29	204	116	—
Carcases of which some part or organ was condemned	1,820	2,236	45	4,169	11,958	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	11·43	36·34	1·12	5·88	8·71	—
Tuberculosis only:— Whole carcases condemned	—	2	—	—	2	—
Carcases of which some part or organ was condemned	9	4	—	—	1,114	—
Percentage of the number inspected affected with tuberculosis	·06	·09	—	—	·80	—
Cysticercosis Carcases of which some part or organ was condemned	79	17	—	4	—	—
Carcases submitted to treatment by refrigeration	60	12	—	—	—	—
Generalised and totally condemned ..	1	—	—	—	—	—

(*b*) *No. of Slaughterhouses in Use*:—

Slaughterhouses/ Abattoirs in Operation Owned or Leased by Local Authority	Private Slaughterhouses		Bacon Factories	Knackers' Yards
	Licensed	Operating		
2	53	47	2	4

Percentage of slaughtered animals inspected for the purposes of the Food and Drugs Act, 1955	100%

(*c*) *Food-Preparing Premises*

Given below is a summary of the information supplied by district councils in connection with food preparing premises:—

(*a*) the number of food premises in the area 16,379

(*b*) the number of food premises registered under Section 16 of the Food and Drugs Act, 1955 7,554

(*c*) the number of inspections of registered food premises.. .. 19,404

RESIDENTIAL SERVICES

Residential Accommodation for Elderly and Disabled Persons

Accommodation is provided in three forms (a) in homes administered direct by the Council, (b) in residential accommodation attached to hospitals administered by the Hospital Management Committees and (c) in residential accommodation attached to hospitals administered by the County Council.

	County Homes		*At Hospitals*	
Area 1. Pop. approx. 205,590	Old Rectory, Smarden	31	St. Mary's, Etchinghill	77
	Woodside, Dover	20	West View, Tenterden	48
	Leahurst, Dover	20		
	Cairn Ryan, Dover	25		
	General's Meadow, Walmer	38		
	Portal House, Nr. Dover	65		
		199		125
Area 2 Pop. approx. 192,400	Eastry House, Eastry	28	The Close, Bridge (K.C.C.)	†52
	Brendon, Margate	22	Eastry, Hospital	55
	Radley, Tankerton	31	Hill House, Minster	76
		81		183
Area 3 Pop. approx. 156,400	East Hall, Maidstone	39	Linton Hospital	69
	Hartley House, Cranbrook	113		
		152		69
Area 4 Pop. approx. 156,860	Pembury Grange, Tunbridge Wells	38		
	Sandhurst, Tunbridge Wells	30		
	Court Royal, Tunbridge Wells	31		
	Oakhurst, Hildenborough	23		
	Hardwick, Hildenborough	55		
	Kippington House, Sevenoaks	41		
		218		
Area 5 Pop. approx. 374,560	Blackburn Homes, Sheerness	37	Bensted House, Faversham (K.C.C.)	†113
	Medway Homes, Rochester	211	St. James, Gravesend	80
			Milton Regis	51
			All Saints, Chatham	17
		248		261
Area 6 Pop. approx. 268,560	St. Mary's, Bexley	40	West Hill, Dartford	47
	Russell House, Bexleyheath	50	Bow Arrow, Dartford	22
	The Mount, Wilmington	27		
	Manor Gate, Dartford	31		
	Stanley Morgan House, Nr. Dartford	57		
	Darenth Grange, Dartford	50		
	Old Downs, Hartley	39		
	Holywell, Nr. Meopham	38		
		332		69
Area 7 Pop. approx. 341,190	Lubbock House, Orpington	42	Orpington	51
	Elmbank, Bromley	35		
	Durham House, Beckenham	60		
	Selwood, Chislehurst	36		
	Willett House, Chislehurst	50		
		223		51
	Total for Homes	1,453	Total for Hospitals	758
	Total	2,211		

†Excludes 51 and 102 hospital beds respectively provided for the Regional Hospital Board.

No new Homes came into use in 1962, but two new Homes, "Dene Holm", Northfleet, and "Kingswood House", Beckenham, with total accommodation of 118 are due for occupation early in 1963 and all possible steps are being taken to ensure that the former Anthony and Annie Muller Convalescent Home at Broadstairs, which the County Council has purchased, is ready later in the year. "Dene Holm" and "Kingswood House" are for persons having advanced physical degeneration. Each will be complementary to the existing smaller ordinary Homes in the vicinity which are now having to accommodate persons whose needs for care are properly beyond the facilities available. The Muller Home was purchased primarily to permit surrender of the residential accommodation at Eastry Hospital and should provide possibilities of experiment in meeting the social needs of groups of men whose needs arise from mental inadequacies and changes which cannot be properly met in the usual type of old peoples' home found under the Act.

The number of persons awaiting admission to Homes at the end of December 1962 was 636 an increase of 128 over December 1961. The special steps mentioned in the last Annual Report to ensure accuracy of the waiting list have continued—all applicants being visited by the District Officers every three months. During 1962, 330 names were removed from the waiting list apart from the 755 permanent admissions to Homes—of which 420 were immediate from persons who had not made advance application. Details with 1961 figures in parenthesis are:—

By Death	107	(170)
„ Admission to Hospital	39	(61)
„ Transfer to Hospital waiting lists	59	(83)
Withdrawal because:		
Admitted to privately run Homes	29	(53)
Able to obtain suitable care	75	(137)
Left the County	21	(29)
Total	330	(533)

The higher figures for 1961 arose from the special examination of the list over the previous two years and suggest that the list is now substantially accurate and reliable.

The additional accommodation from the current building programme will soon start coming into use. In 1963 there will be Stanhope House, Kingsnorth, near Ashford and Court Regis, Sittingbourne. Although these two Homes will provide 119 new places, the net increase after allowing for surrender of the residential accommodation at Milton Regis Hospital (formerly the Milton Public Assistance Institution) will be in the region of 71. 1964 will be a better year. Buildings now being erected will give 367 new places at—

Wilmington, Land at Manor Gate

Coopers, Chislehurst

Hayes, Bromley

Avenue Road, Erith

Begonia Avenue, Gillingham

Former "Muller Home", Broadstairs.

There will be some closure of accommodation at joint user establishments.

In response to the Minister's request a Ten Year Programme for the development of health and welfare services was prepared and presented to the Council in July 1962. The Programme provides for 1,580 places in new Homes in the first five years and for about 280 places—mainly in old institutions —to be taken out of use, thus giving a net increase of approximately 1,300 new places. In the second part of the ten year period approximately another 500 places are planned, with about 450 more places in former institutions and unsuitable small Homes to be vacated. This will represent just over 16 places per 1,000 of population over the age of 65 as compared with the present figure of 12·7. The degree of need for local authorities to provide residential homes for elderly persons is affected by two considerations; (a) the proportion of elderly persons and (b) social need. In Kent the percentage of persons over 65, as between the 56 County Districts, varies widely on the 1951 Census, from 8·1 in Chislehurst and Sidcup to 22·2 in Herne Bay. The overall percentage for Kent by the end of the ten year period, including the Greater London Area, is forecast at 14·6 on a total of 274,000 elderly persons.

Co-operation with Housing Authorities

The arrangements to encourage the District Councils to provide welfare services for old people in special housing have continued and in 1962 15 more schemes were approved from 12 Councils at a total annual cost to the County Council of £10,670. Altogether grants amount to approximately £24,700 a year and cover Wardens' and other services at—

Specially designed new buildings	521	dwellings
Adapted buildings	89	,,
Previously existing housing	250	,,
Almshouses	59	,,
Housing Societies	31	,,
Travelling Wardens on large Council estates.. ..	1,631	,,
Total ..	2,581	

Suggestions have been made that the County Council should itself appoint paid travelling wardens or visitors for old people in privately owned housing, giving such a service would not be within the powers of Housing Authorities. Consideration of this matter has been deferred until there is a more precise assessment as to how the voluntary workers can meet the need. Much visiting is of course already done by various voluntary organisations. One new activity is the scheme for training voluntary visitors sponsored by the County and North-West Kent Old People's Welfare Committee for which the Council has made a grant towards the cost of a Training Officer.

Voluntary Organisations

Grants continue to be made to Home Meals Schemes, notably that of the W.V.S., who in 1962 delivered 149,803 meals, an increase of about 50% since 1959. The County Council's grant to the W.V.S. for equipment and transport in 1962 was £1,250. In addition, many District Councils make grants.

The Boarding Out Scheme organised by the North-West Kent Old People's Welfare Committee is still assisted financially by the County Council, their grant in 1962 being £852.

Homes provided by voluntary organisations still present a useful supplement to the County Council's own provision, both for old people and the physically handicapped needing specialised care. The numbers of persons in voluntary organisation Homes paid for by the County Council in December 1962 were:—

Old People's Homes		462	
Special Homes			
Blind..	75		
Deaf and/or dumb ..	8		
Cripples	24		
Epileptics	53		
Degenerative conditions ..	9		
Poliomyelitis	4		
Spastics	13		
Chronic bronchitis ..	2		
	—	188	
		—	650
Other Authorities' Homes ..			62
			712

In certain cases Voluntary organisations providing recreation for old people receive grants from the County Council. For example, grants were made to the Chatham Veterans' Club and the Whitstable "Over 60's Club" for half the cost of furnishing their new premises and, as in previous years, a grant was made to the Maidstone Workshop Scheme for the Elderly.

The appropriate voluntary organisations are being consulted in relation to the Committee's Ten Year Plan with particular reference to the contribution they can make in the development of domiciliary services such as Meals, Visiting, Clubs and Day Centres and Boarding Out.

Temporary Accommodation

344 families, including 918 children were admitted to temporary accommodation in 1962. The highest number in the Hostel was 68 in the month of September and the lowest was 32 in December. The number admitted because of eviction for rent arrears at 16·6% for the year continues to be relatively low. The circumstances leading to need for temporary accommodation were:—

	Number of Families Total	Percentage		Children
Non-payment of Rent				
Local Authority housing ..	32	9·3	16·6	109
Private accommodation.. ..	25	7·3		81
Other Reasons				
Overcrowding	58		16·9	161
Required to leave furnished rooms	50		14·1	113
Domestic Dispute	43		12·5	96
No fixed abode	36		10·8	76
Service Tenancy	23		6·6	76
Persons coming into Kent without reasonable hope of accommodation	22		6·4	54
House required by owner ..	20		5·9	56
Evicted by Court Order.. ..	13		3·7	30
Caravan or Hut	10		3·1	32
Foreclosure of Mortgage ..	7		2·0	20
House condemned	4		1·2	13
Unauthorised sub-tenancy ..	1		0·3	1
	344		100·0	918

Of the 344 families admitted, only 128 (37·1%) stayed for three months.

Investigation showed that a much smaller proportion of families leaving temporary accommodation were able to obtain Council housing in Kent than elsewhere. In an effort to improve the position, including a reduction in the number of children having to be taken into care by the Children's Committee the County Council decided that where a District Council was prepared to re-house a family on discharge from temporary accommodation, the County Council should guarantee any rent losses for a period of two years, provided the family enter into a written agreement to accept the Family Welfare Service for such period as may be required on the County Council's behalf. This arrangement is primarily designed to assist families needing special assistance. They will mostly be satisfactory families who, for a variety of reasons, have gained little or no priority on housing lists. It is not a service specially directed to the quite different groups—popularly termed problem families.

Charges for quarters include heating, hot water, bed linen, etc., which have remained unchanged at 7s. 6d. a week since 1952 were increased to 15s. 0d. from 4/11/62 and to 22s. 6d. from 1/4/63.

Teston Reception Centre

As from 1st April, 1962, the National Assistance Board assumed direct management of the Teston Reception Centre which, from its opening in 1951 had been administered on their behalf by the County Council. Teston was the first separate Reception Centre in the country and we are pleased to have been able to contribute, from years of experience, to the successful outcome of this venture. Experience thus gained will be of benefit to the County Council when it comes to provide its own special accommodation for the less capable type ofunsettled man, who is not really the responsibility of the National Assistance Board in a Reception Centre. There is virtually no parallel requirement for women.

STATISTICAL TABLES

TABLE 1

Showing Population, Acreage and Density of Population of the various Districts of the County of Kent, in 1962 (mid-year)

DISTRICT	Mid-year Home* Population 1962 (as estimated by the Registrar-General)	Acreage inclusive of Water	Persons per Acre
Urban—			
Ashford U.	28,450	5,657	5·03
Beckenham B.	76,930	5,935	12·96
Bexley B.	89,910	4,869	18·47
Broadstairs and St. Peter's U. ..	17,630	2,771	6·36
Bromley B.	68,730	6,513	10·56
Chatham B.	49,520	4,371	11·33
Chislehurst and Sidcup U.	88,560	8,957	9·89
Crayford U.	31,980	2,544	12·57
Dartford B.	46,180	4,291	10·76
Deal B.	25,510	2,903	8·79
Dover B.	35,650	3,765	9·47
Erith B.	45,300	3,859	11·74
Faversham B.	13,130	2,994	4·39
Folkestone B.	44,390	4,006	11·08
Gillingham B.	73,970	11,123	6·65
Gravesend B.	51,950	4,619	11·25
Herne Bay U.	21,100	8,566	2·46
Hythe B.	10,000	3,013	3·32
Lydd B.	3,440	11,932	0·28
Maidstone B.	60,570	6,194	9·78
Margate B.	44,930	6,960	6·46
New Romney B.	2,740	1,514	1·81
Northfleet U.	22,960	3,770	6·09
Orpington U.	80,950	20,842	3·88
Penge U.	26,020	770	33.79
Queenborough B.	3,080	1,103	2·79
Ramsgate B.	37,380	3,624	10·31
Rochester B.	51,010	4,506	11·32
Sandwich B.	4,370	2,137	2·04
Sevenoaks U.	17,610	3,720	4·73
Sheerness U.	13,620	943	14·65
Sittingbourne and Milton U. ..	24,270	4,935	4·92
Southborough U.	9,720	1,758	5·53
Swanscombe U.	9,040	2,142	4·22
Tenterden B.	4,970	8,946	0·55
Tonbridge U.	23,310	4,599	5·07
Tunbridge Wells B.	40,340	6,034	6·69
Whistable U.	19,280	7,640	2·52
TOTALS—Urban	1,318,500	194,825	6·77
Rural—			
Ashford, East	10,900	51,398	0·21
Ashford, West	10,830	39,455	0·27
Bridge-Blean	20,200	55,868	0·36
Cranbrook	15,230	41,315	0·37
Dartford	55,190	34,026	1·62
Dover	11,600	25,780	0·45
Eastry	22,540	54,276	0·42
Elham	9,900	36,685	0·27
Hollingbourn	17,330	56,796	0·31
Maidstone	20,890	34,487	0·61
Malling	42,380	45,655	0·93
Romney Marsh	4,680	31,035	0·15
Sevenoaks	40,640	62,959	0·65
Sheppey	10,590	20,319	0·52
Strood	30,270	48,413	0·63
Swale	21,150	62,015	0·34
Tenterden	7,500	38,002	0·20
Tonbridge	25,240	41,687	0·61
TOTALS—Rural	377,060	780,171	0·50
TOTALS—County	1,695,560	974,966	1·74

* The figures given in this column are the home populations, including members of the armed forces stationed in the area, and these populations form the basis of calculation of most of the rates given in this report.

TABLE 2

Showing Deaths, Births and Infantile Mortality in the different Urban and Rural Districts of the County of Kent in the year 1962.

DISTRICT	Deaths			Births						Infantile Mortality			
	Number of deaths at all ages	Deaths per 1,000 of the population	Comparable Death-rate*	Legitimate	Illegitimate	Total	Births per 1,000 of the population	Comparable Birth-rate*	Still-births	Legitimate	Illegitimate	Total	Deaths of Infants under one year of age per 1,000 births
URBAN—													
Ashford U. ..	358	12·58	12·45	450	21	471	16·56	14·74	6	14	—	14	29·72
Beckenham B. ..	944	12·27	11·53	985	61	1,046	13·60	14·28	16	15	1	16	15.30
Bexley B.	851	9·47	11·55	1,295	51	1,346	14·97	15·42	28	20	—	20	14·86
Broadstairs U. ..	301	17·07	13·66	191	17	208	11·80	12·63	3	3	1	4	19·23
Bromley B. ..	832	12·11	11·63	975	50	1,025	14·91	14·91	14	17	4	21	20·49
Chatham B. ..	490	9·89	9·79	1,005	61	1,066	21·53	18·73	19	23	3	26	24·39
Chislehurst and Sidcup U. ..	837	9·45	12·00	1,307	50	1,357	15·32	15·01	21	26	2	28	20·63
Crayford U. ..	257	8·04	10·77	516	22	538	16·82	15·81	4	10	1	11	20·45
Dartford B. ..	631	13·66	10·65	757	32	789	17·09	16·58	16	15	1	16	20·28
Deal B.	365	14·31	13·88	405	19	424	16·62	17·62	9	8	—	8	18·87
Dover B.	432	12·12	12·00	590	32	622	17·45	17·45	14	9	—	9	14·47
Erith B.	474	10·46	11·82	749	37	786	17·35	17·52	12	8	—	8	10·18
Faversham B. ..	237	18·05	9·93	202	13	215	16·37	17·02	1	4	—	4	18·60
Folkestone B. ..	644	14·51	12·48	653	60	713	16·06	16·86	13	8	—	8	11·22
Gillingham B. ..	835	11·28	11·51	1,285	78	1,363	18·43	16·96	26	22	5	27	19·81
Gravesend B. ..	527	10·14	11·26	1,115	62	1,177	22·66	21·53	20	19	2	21	17·84
Herne Bay U. ..	451	21·37	15·17	211	27	238	11·28	12·18	7	4	—	4	16·81
Hythe B.	203	20·30	15·02	122	4	126	12·60	13·99	1	5	—	5	39·68
Lydd B.	32	9·30	11·63	48	4	52	15·12	14·99	—	1	—	1	19·23
Maidstone B. ..	682	11·26	10·58	1,021	46	1,067	17·62	17·62	21	21	1	22	20·62
Margate B. ..	828	18·43	13·64	514	57	571	12·71	13·85	9	8	2	10	19·26
New Romney B. ..	31	11·31	11·42	52	4	56	20·44	19·83	1	—	—	—	—
Northfleet U. ..	232	10·10	12·32	461	18	479	20·86	19·61	5	12	—	12	25·05
Orpington U. ..	771	9·52	10·28	1,356	51	1,407	17·38	16·68	24	20	—	20	14·21
Penge U.	302	11·61	11·15	576	68	644	24·75	22·52	11	12	2	14	21·74
Queenborough B.	35	11·36	12·72	70	4	74	24·03	24·51	—	1	—	1	13·51
Ramsgate B. ..	607	16·24	13·80	528	54	582	15·57	16·50	10	15	2	17	29·21
Rochester B. ..	587	11·51	12·66	896	55	951	18·64	17·89	15	14	—	14	14·72
Sandwich B. ..	69	15·79	13·11	61	5	66	15·10	17·37	2	1	—	1	15·15
Sevenoaks U. ..	217	12·32	10·60	241	19	260	14·76	15·06	4	4	—	4	15·38
Sheerness U. ..	183	13·44	11·02	250	28	278	20·41	20·82	7	3	—	3	10·79
Sittingbourne U. ..	322	13·27	11·94	405	18	423	17·43	17·43	11	7	1	8	18·91
Southborough U...	138	11·71	9·60	124	4	128	13·17	14·36	1	2	—	2	15·63
Swanscombe U. ..	92	10·18	12·52	148	6	154	17·04	15·85	2	4	—	4	25·97
Tenterden B. ..	105	22·23	11·78	69	5	74	14·89	15·19	2	1	—	1	13·51
Tonbridge U. ..	289	12·40	11·66	459	20	479	20·55	20·55	5	10	3	13	27·14
Tunbridge Wells B... ..	684	16·96	10·68	550	35	585	15·50	16·90	9	11	1	12	19·15
Whitstable U. ..	385	19·97	14·38	242	9	251	13·02	14·71	2	4	—	4	15·94
TOTALS IN URBAN DISTRICTS..	16,260	12·33	11·84	20,884	1,207	22,091	16·75	16·75	371	381	32	413	18·70
RURAL—													
Ashford, East ..	122	11·19	9·06	165	5	170	15·60	17·32	5	3	—	3	17·65
Ashford, West ..	160	14·77	8·57	180	10	190	17·54	18·42	4	—	1	1	5·26
Bridge-Blean ..	341	16·88	9·28	292	14	306	15·15	18·94	5	4	—	4	13·07
Cranbrook ..	193	12·67	10·39	200	14	214	14·05	14·61	3	3	1	4	18·69
Dartford	560	10·15	11·57	1,153	34	1,187	21·51	20·65	19	17	2	19	16·01
Dover	172	14·83	12·31	182	13	195	16·81	18·83	4	3	—	3	15·38
Eastry	328	14·55	11·93	357	23	380	16·86	19·89	8	5	2	7	18·42
Elham	223	22·45	11·45	120	5	125	12·63	12·63	3	4	—	4	32·00
Hollingbourn ..	209	12·06	11·34	281	24	305	17·60	18·48	6	2	—	2	6·55
Maidstone ..	289	13·83	9·54	336	28	364	17·42	17·59	3	8	3	11	30·22
Malling	423	9·98	10·98	850	33	883	20·84	20·84	16	17	—	17	24·58
Romney Marsh ..	60	12·82	11·79	75	7	82	17·52	20·15	—	2	—	2	24·39
Sevenoaks.. ..	399	9.82	10·02	637	21	658	16·19	16·19	7	7	—	7	10·64
Sheppey	128	12·09	12·69	160	16	176	16·62	17·62	3	7	—	7	39·77
Strood	285	9·41	11·40	556	34	590	19·49	18·13	8	11	—	11	18·81
Swale	235	11·11	11·00	374	18	392	18·53	19·09	5	9	—	9	22·96
Tenterden	82	10·93	9·73	122	5	127	16·93	18·28	7	4	—	4	31·50
Tonbridge.. ..	293	11·61	11·03	431	29	460	18·23	17·50	9	6	2	8	17·39
TOTALS IN RURAL DISTRICTS	4,502	11·93	10·86	6,471	333	6,804	18·04	18·58	115	112	11	123	18·08
TOTALS IN URBAN DISTRICTS	16,260	12·33	11·84	20,884	1,207	22,091	16·75	16·75	371	381	32	413	18·70
TOTALS IN COUNTY	20,762	12·24	11·75	27,355	1,540	28,895	17·04	17·04	486	493	43	536	18·55

* Comparable rates are calculated in respect of each district, by applying to the crude-rate a factor which enables true comparison to be made with other areas after allowing for variations of age and sex in the constitution of the population.

TABLE 3

Showing the Number of Cases of Infectious Disease among the Civil Population, notified in each of the DISTRICTS in the County of Kent during the year 1962.

DISTRICT	Small-pox	Diphtheria (including Membranous Croup)	Erysipelas	Scarlet Fever	Enteric Fever	Puerperal Pyrexia	Acute Poliomyelitis including Acute Polioencephalitis		Acute Encephalitis		Meningococcal Infection	Ophthalmia Neonatorum	Respiratory Tuberculosis	Other forms of Tuberculosis	Acute Pneumonia (Primary or Influenzal)	Measles	Whooping-cough	Dysentery	Malaria
							Paralytic	Non-Paralytic	Infective	Post-Infectious									
URBAN—																			
Ashford U.	—	—	3	5	—	—	—	—	—	—	—	—	4	—	10	4	1	3	—
Beckenham B. ..	—	—	2	14	—	13	—	—	—	—	—	—	33	2	9	179	10	6	—
Bexley B.	—	—	7	23	—	11	—	—	—	—	3	—	20	9	10	99	1	—	—
Broadstairs U. ..	—	—	1	3	—	—	—	—	—	—	—	—	2	1	3	5	1	6	—
Bromley B.	—	—	3	11	1	18	—	—	—	—	—	—	34	3	19	114	3	—	—
Chatham B.	—	—	—	9	1	5	1	—	—	—	1	—	27	5	6	238	31	33	—
Chislehurst and Sidcup U.	—	—	7	26	—	4	—	—	—	—	—	—	18	2	10	69	5	14	—
Crayford U.	—	—	—	22	—	7	—	—	—	—	—	—	11	2	3	18	1	—	—
Dartford B.	—	—	1	3	—	28	—	—	—	—	—	—	25	2	5	20	1	26	—
Deal B.	—	—	—	7	—	—	—	—	—	1	—	—	11	3	17	6	2	3	—
Dover B.	—	—	7	5	—	2	—	—	—	—	1	—	23	4	16	446	16	6	—
Erith B.	—	—	2	7	—	12	—	—	—	—	1	—	14	2	2	84	7	—	—
Faversham B. ..	—	—	—	8	—	1	—	—	—	—	—	—	5	3	4	76	—	—	—
Folkestone B. ..	—	—	2	16	—	2	—	—	—	—	2	—	16	6	25	49	5	1	—
Gillingham B. ..	—	—	—	12	—	2	—	—	—	—	—	—	35	6	6	380	4	55	—
Gravesend B. ..	—	—	3	2	—	6	—	—	—	—	—	—	26	6	8	318	1	1	—
Herne Bay U. ..	—	—	—	—	1	—	—	—	—	—	—	—	2	1	—	3	—	—	—
Hythe B.	—	—	—	2	—	—	—	—	—	—	—	—	1	2	2	5	2	—	—
Lydd B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	191	—	—	—
Maidstone B. ..	—	—	2	31	—	7	—	—	—	1	—	1	31	8	9	155	6	—	—
Margate B.	—	—	—	20	—	—	—	—	—	—	3	—	14	5	—	27	3	15	—
New Romney B. ..	—	—	—	4	—	—	—	—	—	—	—	—	2	—	8	13	2	—	—
Northfleet U. ..	—	—	—	—	—	—	—	—	—	—	—	—	12	1	3	122	1	—	—
Orpington U. ..	—	—	3	29	—	20	1	—	—	—	—	—	30	5	29	253	3	1	—
Penge U.	—	—	1	8	—	—	—	—	—	—	—	—	19	—	—	15	3	3	—
Queenborough B. ..	—	—	—	4	—	—	—	—	—	—	—	—	2	—	1	6	—	2	—
Ramsgate B.	—	—	—	10	—	13	—	—	—	—	—	—	10	3	—	66	4	2	—
Rochester B.	—	—	4	7	—	2	—	—	—	1	1	—	27	2	7	145	—	2	—
Sandwich B.	—	—	—	—	—	—	—	—	—	—	—	—	6	—	—	3	—	—	—
Sevenoaks U. ..	—	—	—	28	—	—	—	—	—	—	—	—	1	2	2	18	1	3	—
Sheerness U.	—	—	1	12	1	1	—	—	—	—	—	—	2	1	13	4	2	5	—
Sittingbourne U. ..	—	—	—	13	—	—	—	—	1	—	—	—	9	2	—	23	3	—	—
Southborough U. ..	—	—	—	—	—	1	—	—	—	—	—	—	—	2	1	1	2	2	—
Swanscombe U. ..	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	5	—	—	—
Tenterden B.	—	—	—	4	—	—	—	—	—	—	—	—	—	—	—	8	—	—	—
Tonbridge U. ..	—	—	—	5	—	—	—	—	—	—	—	—	3	—	3	14	1	5	—
Tunbridge Wells B. ..	—	—	2	15	1	1	—	—	—	—	—	—	7	2	4	50	11	—	—
Whitstable U. ..	—	—	—	8	—	1	—	—	—	—	—	—	8	1	2	7	—	—	—
TOTALS IN URBAN DISTRICTS	—	—	51	373	5	157	2	—	1	3	12	1	493	93	238	3,239	133	194	—
RURAL—																			
Ashford, East ..	—	—	1	1	—	—	—	—	—	—	—	—	4	1	1	1	7	1	—
Ashford, West ..	—	—	—	3	—	—	—	—	—	—	—	—	—	—	3	3	—	—	—
Bridge-Blean ..	—	—	—	2	—	—	—	1	—	—	—	—	2	—	8	80	—	5	—
Cranbrook	—	—	—	8	—	—	1	—	—	—	—	—	2	1	2	68	21	2	—
Dartford	—	—	—	9	2	—	—	—	—	—	—	—	20	2	2	131	3	7	—
Dover	—	—	—	3	—	—	—	—	—	—	—	—	2	—	2	56	—	4	—
Eastry	—	—	—	3	—	1	—	—	—	—	—	—	14	3	4	35	5	8	—
Elham	—	—	1	1	—	1	—	—	—	—	—	—	1	2	2	2	3	—	—
Hollingbourn ..	—	—	1	4	—	1	—	—	—	—	—	—	8	—	3	42	3	—	—
Maidstone	—	—	—	8	—	—	—	—	—	—	—	—	13	2	4	73	5	—	—
Malling	—	—	3	28	—	1	—	1	—	1	—	—	19	2	—	24	3	7	—
Romney Marsh ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	1	1	—	—
Sevenoaks	—	—	1	14	—	2	—	—	1	—	—	—	6	2	65	28	11	6	—
Sheppey	—	—	1	2	—	1	—	—	—	—	—	—	2	1	8	8	1	24	—
Strood	—	—	—	6	—	—	—	—	—	—	—	—	13	3	—	140	1	—	—
Swale	—	—	1	9	—	—	—	—	—	—	—	—	6	1	4	41	—	—	—
Tenterden	—	—	—	3	—	—	—	—	—	—	—	—	1	—	—	7	—	—	—
Tonbridge	—	—	1	11	—	1	1	—	—	—	—	—	5	3	—	14	4	1	—
TOTALS IN RURAL DISTRICTS	—	—	10	115	2	8	2	2	1	1	—	—	118	23	113	754	68	65	—
TOTALS IN URBAN DISTRICTS	—	—	51	373	5	157	2	—	1	3	12	1	493	93	238	3,239	133	194	—
TOTALS IN COUNTY ..	—	—	61	488	7	165	4	2	2	4	12	1	611	116	351	3,993	201	259	—

TABLE 4

Showing the number of notifications, incidence rates, deaths and death-rates of the principal infectious diseases in the County.

Year	1938	1961	1962	
			Kent	England and Wales (provisional)
SCARLET FEVER				
No. of cases notified ..	2,913	564	619	16,015
Incidence rate	2·102	0·338	0·365	0·34
No. of deaths	10	—	—	2
Death rate	0·007	—	—	0·000
DIPHTHERIA				
No. of cases notified ..	1,361	1	—	14
Incidence rate	0·982	0·000	—	0·000
No. of deaths	58	—	—	2
Death rate	0·042	—	—	0·000
ENTERIC FEVER				
No. of cases notified ..	54	3	4	163
Incidence rate	0·039	0·002	0·002	0·003
No. of deaths	5	—	—	4
Death rate	0·005	—	—	0·000
MEASLES				
No. of cases notified ..	—*	30,729	11,703	184,757
Incidence rate	—*	18·406	6·902	4·681
No. of deaths	10	7	—	40
Death rate	0·007	0·004	—	0·000
WHOOPING COUGH				
No. of cases notified ..	—*	1,172	297	8,347
Incidence rate	—*	0·702	0·175	0·180
No. of deaths	10	—	1	24
Death rate	0·007	—	0·000	0·000
POLIOMYELITIS				
No. of cases notified ..	36	6	4	232
Incidence rate	0·026	0·004	0·002	0·005
No. of deaths	—	—	1	18
Death rate	—	—	0·000	0·000
DYSENTERY				
No. of cases notified ..	84	387	499	33,598
Incidence rate	0·606	0·231	0·294	0·720
No. of deaths	—	—	—	28
Death rate	—	—	—	0·000
TUBERCULOSIS				
No. of cases notified ..	1,515	742	712	19,833
Incidence rate	1·093	0·444	0·420	0·425
No. of deaths	778	134	103	3,087
Death rate	0·561	0·080	0·061	0·07

* Not compulsorily notifiable

TABLE 5

Showing causes of deaths in the URBAN DISTRICTS of Kent during the year 1962.

DISTRICT	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyeltis	Measles	Other infective and parasitic diseases	Malignant neoplasm: Stomach	Malignant neoplasm: Lung, bronchus	Malignant neoplasm: Breast	Malignant neoplasm: Uterus	Malignant neoplasm: Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor-vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes
Ashford U.	1	—	1	—	—	—	—	—	1	6	19	6	3	27	1	2	58	60	5	45	11	3	24	28	2	3	1	2	5	—	5	26	7	5	1	—	358
Beckenham B.	4	1	—	—	—	—	—	—	2	28	50	25	10	86	7	5	121	194	12	120	46	2	54	65	11	11	3	2	4	1	4	46	6	17	7	—	944
Bexley B.	7	1	2	—	—	1	—	—	1	29	53	17	11	78	3	3	87	205	23	70	33	3	57	45	4	10	4	6	1	—	6	62	8	18	3	—	851
Broadstairs and St. Peters U.	1	—	—	—	—	—	—	—	—	10	14	5	3	25	2	2	46	50	3	53	12	—	12	20	2	5	1	2	—	—	—	24	2	4	3	—	301
Bromley B.	4	—	3	—	—	—	—	—	1	15	34	8	2	81	5	5	114	164	11	106	51	1	41	56	8	13	4	3	4	—	10	62	3	10	13	—	832
Chatham B.	3	1	1	—	—	—	1	—	2	15	24	3	1	42	1	4	56	95	10	63	18	2	43	25	5	8	2	2	1	—	7	29	4	15	7	—	490
Chislehurst and Sidcup U.	3	—	1	—	—	—	—	—	4	18	52	14	3	67	5	4	89	167	11	89	46	2	49	64	13	8	4	9	8	—	8	64	11	15	9	—	837
Crayford U.	2	—	—	—	—	—	—	—	—	4	12	7	1	36	3	4	28	51	7	25	14	—	13	12	1	—	—	—	2	—	6	20	2	4	2	1	257
Dartford B.	4	—	5	—	—	—	—	—	2	9	23	10	2	36	2	8	59	95	17	87	46	2	72	35	9	3	5	6	4	—	9	49	9	18	5	—	631
Deal B.	3	—	1	—	1	—	—	—	1	14	15	2	4	40	2	1	51	64	3	33	35	9	17	15	5	4	1	2	—	—	4	28	4	5	1	—	365
Dover B.	2	—	1	—	—	—	—	—	1	9	18	7	4	33	5	2	57	85	13	70	15	1	14	21	7	6	5	1	3	—	5	32	2	9	3	1	432
Erith B.	—	—	1	—	—	—	—	—	2	16	26	6	1	46	4	7	55	105	12	71	18	—	31	17	—	5	1	3	2	—	3	29	3	9	1	—	474
Faversham B.	1	1	—	—	—	—	—	—	1	1	6	9	2	28	3	2	58	26	5	34	11	2	12	11	—	4	—	1	—	—	1	12	4	1	1	—	237
Folkestone B.	1	1	—	—	—	—	—	—	—	7	31	12	4	59	6	4	96	134	7	112	22	1	21	23	6	7	4	7	9	—	2	41	6	17	4	—	644
Gillingham B.	3	1	1	—	—	1	—	—	1	28	37	20	10	69	2	10	115	172	20	90	39	2	47	46	5	9	3	4	4	—	5	61	12	13	5	—	835
Gravesend B.	3	1	—	—	—	—	—	—	1	11	25	7	2	49	3	3	89	88	4	84	29	2	10	31	2	6	2	2	1	2	11	37	5	6	10	1	527
Herne Bay U.	—	1	—	—	—	—	—	—	1	12	25	10	1	42	4	4	73	65	8	85	27	—	28	21	1	3	2	2	—	—	1	26	1	3	5	—	451
Hythe B.	—	1	—	—	—	—	—	—	1	7	6	2	2	22	1	—	31	38	3	35	10	—	8	13	1	1	1	2	2	—	—	11	—	5	—	—	203
Lydd B.	—	—	—	—	—	—	—	—	—	—	4	1	—	4	—	—	5	1	—	3	2	—	4	2	—	—	—	1	—	—	—	4	—	1	—	—	32
Maidstone B.	2	2	1	—	—	—	—	—	1	16	38	16	2	51	3	7	86	108	9	105	27	4	55	35	3	9	5	6	1	1	10	52	9	14	3	1	682
Margate B.	4	—	1	—	—	—	—	—	—	20	29	21	8	57	5	8	137	139	18	136	31	3	54	43	6	9	3	9	3	1	3	45	1	12	21	1	828
New Romney B.	—	—	—	—	—	—	—	—	—	—	3	1	—	2	—	2	4	6	—	4	3	—	1	3	1	—	—	—	—	—	—	—	—	—	1	—	31
Northfleet U.	2	1	1	—	—	—	—	—	—	5	8	4	3	17	2	2	31	36	2	43	11	1	10	22	—	5	2	1	1	1	1	12	4	2	2	—	232
Orpington U.	7	—	1	—	—	1	—	—	2	14	47	11	4	79	4	4	75	120	15	112	62	2	57	37	10	6	1	2	3	—	9	56	12	9	9	—	771
Penge U.	1	—	—	—	—	—	—	—	—	6	15	8	5	26	—	3	30	55	2	51	12	1	16	19	2	1	3	2	—	1	6	26	3	3	5	—	302
Queenborough B.	1	—	—	—	—	—	—	—	—	1	3	—	2	5	—	—	4	7	—	2	—	—	2	5	—	—	—	—	—	—	—	2	—	1	—	—	35
Ramsgate B.	1	—	—	—	—	—	—	—	1	13	30	6	5	57	4	3	64	103	12	88	38	—	37	32	13	9	2	2	4	—	3	56	2	15	6	1	607
Rochester B.	3	—	—	—	—	—	—	—	1	9	19	6	5	51	3	7	89	116	16	77	27	—	34	23	7	5	3	5	2	1	3	39	12	15	7	2	587
Sandwich B.	4	—	—	—	—	—	—	—	—	1	5	—	—	3	—	—	12	11	—	8	8	—	1	4	—	—	1	—	—	—	—	7	1	2	1	—	69
Sevenoaks U.	2	1	—	—	—	—	—	—	—	5	12	2	1	29	1	1	26	28	—	26	15	—	17	16	2	3	1	2	1	—	1	19	1	3	2	—	217
Sheerness U.	—	—	—	—	—	—	—	—	—	5	9	4	—	17	1	2	24	34	3	23	12	—	12	17	3	1	—	—	—	—	2	5	5	2	2	—	183
Sittingbourne and Milton U.	1	—	1	—	—	—	—	—	—	9	11	4	5	25	1	1	65	63	4	44	11	1	21	14	—	3	—	1	5	—	1	22	2	6	1	—	322
Southborough U.	—	—	1	—	—	—	—	—	—	4	8	5	1	17	—	—	17	33	4	9	4	—	11	6	3	—	—	—	1	—	—	9	2	3	—	—	138
Swanscombe U.	—	—	1	—	—	—	—	—	—	5	2	1	3	8	1	2	9	13	1	8	7	1	9	7	—	3	1	—	—	—	1	6	3	—	—	—	92
Tenterden B.	—	—	1	—	—	—	—	—	—	1	3	5	—	11	—	1	12	12	1	39	3	—	2	2	—	1	1	1	—	—	—	8	1	—	—	—	105
Tonbridge U.	—	1	—	—	—	—	—	—	2	7	16	7	3	20	2	1	46	53	6	43	9	—	17	10	2	3	—	4	—	—	5	24	2	2	4	—	289
Tunbridge Wells B.	—	—	—	—	—	—	—	—	1	13	24	10	2	69	1	6	120	134	9	96	43	2	41	28	3	5	—	4	4	—	6	45	4	11	3	—	684
Whitstable U.	—	—	2	—	—	—	—	—	—	3	21	7	1	36	3	2	51	68	13	78	24	5	13	16	2	2	—	2	—	—	—	21	6	5	4	—	385
TOTALS IN URBAN DISTRICTS	70	14	27	—	1	3	1	—	30	376	777	289	116	1,450	90	122	2,190	2,998	289	2,267	832	52	967	889	139	171	66	98	75	8	138	1,117	159	280	151	8	16,260

Table 6

Showing causes of deaths in the Rural Districts of Kent during the year 1962.

DISTRICT	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasitic diseases	Malignant neoplasm: Stomach	Malignant neoplasm: Lung, bronchus	Malignant neoplasm: Breast	Malignant neoplasm: Uterus	Malignant neoplasm: Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostrate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor-vehicle accidents	All other accidents	Suicide	Homicide and operations of war	All causes
Ashford, East	—	1	—	—	—	—	—	—	—	3	6	3	—	10	1	—	26	17	2	21	4	1	5	7	1	2	1	1	1	—	—	3	4	2	—	—	122
Ashford, West	—	—	1	—	—	—	—	—	—	3	4	5	—	13	—	2	31	31	5	15	4	3	19	7	1	1	—	2	1	—	—	11	—	1	—	—	160
Bridge-Blean	1	1	3	—	—	—	—	—	—	6	16	4	4	29	3	5	38	41	20	74	20	—	14	17	4	2	1	2	1	—	2	25	4	2	2	—	341
Cranbrook	—	—	—	—	—	—	—	—	—	2	7	4	1	23	1	2	30	26	11	27	10	—	12	10	1	1	1	1	—	—	2	18	1	1	1	—	193
Dartford	1	—	1	—	—	—	—	—	1	10	28	8	4	54	3	5	77	102	5	46	36	3	40	43	5	11	4	2	1	—	6	42	8	8	6	—	560
Dover	1	—	—	—	—	—	—	—	1	8	9	2	2	15	—	2	23	27	6	30	7	2	6	3	2	3	1	—	—	—	2	13	1	5	1	—	172
Eastry	2	1	1	—	—	—	—	—	—	5	12	7	2	26	1	—	35	52	13	71	14	2	18	13	2	1	—	4	1	—	5	32	2	3	3	—	328
Elham	—	—	—	—	—	—	—	—	1	3	5	2	2	21	2	2	42	37	7	45	6	—	4	9	5	1	—	1	2	—	—	17	3	5	1	—	223
Hollingbourn	1	—	—	—	—	—	—	—	—	5	7	6	1	16	2	—	39	38	6	18	10	1	6	10	6	2	—	2	—	—	2	23	4	1	3	—	209
Maidstone	—	—	—	—	—	—	—	—	—	5	6	5	1	28	3	5	36	50	3	30	10	—	15	7	2	3	3	1	—	—	2	62	4	4	4	—	289
Malling	6	—	—	—	—	—	—	—	4	7	12	7	5	31	3	1	56	64	10	50	13	4	26	21	11	5	3	6	4	—	3	46	10	11	3	1	423
Romney Marsh	—	—	—	—	—	—	—	—	—	1	2	—	1	5	—	1	4	10	3	11	9	—	4	3	2	—	1	—	1	—	—	2	—	—	—	—	60
Sevenoaks	—	—	—	—	—	—	—	—	1	6	17	10	2	34	5	1	53	68	10	42	30	6	33	15	11	7	1	4	2	—	—	26	5	8	2	—	399
Sheppey	1	1	—	—	—	—	—	—	—	4	5	5	1	15	3	1	12	20	1	17	7	1	6	10	—	—	—	—	—	—	3	12	1	1	1	—	128
Strood	1	—	—	—	—	—	—	—	—	10	15	5	1	25	4	2	28	65	3	39	9	1	8	7	4	2	2	1	3	—	2	28	5	9	6	—	285
Swale	—	—	—	—	—	—	—	—	1	4	22	3	—	23	1	5	34	45	4	30	7	2	12	11	—	3	2	2	1	—	5	17	—	1	—	—	235
Tenterden	—	—	—	—	—	—	—	—	—	1	4	—	—	9	—	—	15	12	4	13	2	—	3	3	2	1	—	—	—	—	—	9	3	—	1	—	82
Tonbridge	1	—	—	—	—	—	—	—	1	3	12	5	—	30	1	4	58	48	3	42	12	3	21	12	4	—	2	2	1	—	4	13	5	1	5	—	293
Totals in Rural Districts	15	4	6	—	—	—	—	—	10	86	189	81	27	407	33	38	637	753	116	621	210	29	252	208	63	45	22	31	19	—	38	399	60	63	39	1	4,502
Totals in Urban District	70	14	27	—	1	3	1	—	30	376	777	289	116	1,450	91	122	2,190	2,997	289	2,267	832	52	967	889	139	171	66	98	75	8	138	1,117	159	280	151	8	16,260
Totals in County	85	18	33	—	1	3	1	—	40	462	966	370	143	1,857	124	160	2,827	3,750	405	2,888	1,042	81	1,219	1,097	202	216	88	129	94	8	176	1,516	219	343	190	9	20,762
Rates per 10,000 population: Rural Districts	0.04	0.01	0.02	—	—	—	—	—	0.03	0.23	0.50	0.21	0.07	1.08	0.09	0.10	1.69	2.00	0.31	1.65	0.56	0.08	0.67	0.55	0.17	0.12	0.06	0.08	0.05	—	0.10	1.06	0.16	0.17	0.10	0.00	11.94
Rates per 10,000 population: Urban Districts	0.05	0.01	0.02	—	0.00	0.00	0.00	—	0.02	0.29	0.59	0.22	0.09	1.09	0.07	0.09	1.66	2.27	0.22	1.72	0.63	0.04	0.73	0.67	0.11	0.13	0.05	0.07	0.06	0.01	0.10	0.85	0.12	0.21	0.11	0.01	12.33
Rates per 10,000 population: Administrative County of Kent	0.05	0.01	0.02	—	0.00	0.00	0.00	—	0.02	0.27	0.57	0.22	0.08	1.10	0.07	0.09	1.67	2.21	0.24	1.70	0.61	0.05	0.72	0.65	0.12	0.13	0.05	0.08	0.06	0.01	0.10	0.89	0.13	0.20	0.11	0.01	12.24

TABLE 7

Showing the allocation of deaths to causes, in children under one year of age.

Causes of Death	Deaths under One Year of Age		
	1938	1961	1962
Whooping Cough	4	—	1
Meningococcal Infections	2	2	1
Diphtheria	1	—	—
Tuberculosis—Respiratory	1	—	—
—Other Forms	9	—	—
Syphilitic Diseases	4	—	—
Influenza	4	1	—
Measles	4	1	—
Acute Poliomyelitis and Polioencephalitis, Acute Infectious Encephalitis	—	—	—
Malignant Neoplasm—all sites	1	1	3
Intracranial Vascular Lesions	—	—	—
Heart Disease, Diseases of Circulatory System ..	—	2	—
Bronchitis	19	11	18
Pneumonia	125	61	79
Other Respiratory Diseases	4	7	2
Ulcer of Stomach or Duodenum	—	—	—
Appendicitis, Diarrhoea, other Digestive Diseases	92	13	9
Nephritis and Nephrosis	1	—	—
Premature Birth, Congenital malformations, other defined and ill-defined diseases.. ..	593	424	404
Violence	21	18	13
All Other Causes	—	4	6
All Causes	885	545	536

TABLE 8

Showing causes of death at different age periods in the County of Kent during the year 1962.

Age	Sex	All causes	Tuberculosis, respiratory	Tuberculosis, other	Syphilitic disease	Diphtheria	Whooping-cough	Meningococcal infections	Acute poliomyelitis	Measles	Other infective and parasistic diseases	Malignant Neoplasm: Stomach	Malignant Neoplasm: Lung, bronchus	Malignant Neoplasm: Breast	Malignant Neoplasm: Uterus	Malignant Neoplasm: Other malignant and lymphatic neoplasms	Leukaemia, aleukaemia	Diabetes	Vascular lesions of nervous system	Coronary disease, angina	Hypertension with heart disease	Other heart disease	Other circulatory disease	Influenza	Pneumonia	Bronchitis	Other diseases of respiratory system	Ulcer of stomach and duodenum	Gastritis, enteritis and diarrhoea	Nephritis and nephrosis	Hyperplasia of prostate	Pregnancy, childbirth, abortion	Congenital malformations	Other defined and ill-defined diseases	Motor-vehicle accidents	All other accidents	Suicide	Homicide and operations of war
AGGREGATE URBAN DISTRICTS																																						
Under 1 year	M.	226	—	—	—	—	1	—	—	—	2	—	—	—	—	1	1	—	—	—	—	—	—	—	35	7	1	—	5	—	—	—	49	119	—	5	—	—
	F.	187	—	—	—	—	—	1	—	—	1	—	—	—	—	2	—	—	—	—	—	—	—	—	30	8	—	—	4	—	—	—	48	87	—	5	—	1
1 year and under 5 years ..	M.	37	—	1	—	—	—	—	—	—	1	—	—	—	—	4	2	—	—	—	—	1	—	—	4	3	2	—	4	—	—	—	2	6	1	5	—	1
	F.	28	—	—	—	—	—	1	—	—	2	—	—	—	—	1	2	—	—	—	—	—	1	—	3	1	1	—	—	1	—	—	5	5	1	3	—	1
5 years and under 15 years ..	M.	36	—	1	—	—	—	—	—	—	—	—	—	—	—	5	2	—	1	—	—	—	—	2	3	—	—	—	—	—	—	—	3	5	9	5	—	—
	F.	21	—	—	—	—	—	—	1	—	—	—	—	—	—	3	2	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	4	4	2	3	—	—
15 years and under 25 years ..	M.	90	—	—	—	—	—	—	—	—	1	—	2	—	—	11	1	1	—	—	—	1	—	—	2	—	—	—	1	2	—	—	5	6	33	13	11	—
	F.	34	—	—	—	—	—	—	—	—	—	—	—	—	—	3	4	1	—	—	—	—	1	—	—	—	—	—	—	2	—	4	1	7	5	1	5	—
25 years and under 45 years ..	M.	256	5	—	—	—	—	1	—	—	1	6	11	1	—	40	4	2	11	48	4	11	6	—	6	5	1	2	—	5	—	—	4	18	23	21	18	2
	F.	203	2	2	1	—	—	—	—	—	3	5	3	15	16	37	7	1	9	6	—	16	4	—	2	1	—	1	1	8	—	4	4	25	6	8	14	2
45 years and under 65 years ..	M.	2,073	23	4	3	—	—	—	—	—	3	87	297	—	—	192	21	9	141	596	25	99	69	6	55	140	28	33	14	13	8	—	5	109	26	27	39	1
	F.	1,192	9	2	1	—	—	—	—	—	4	31	53	121	43	211	15	14	149	147	15	85	40	6	32	32	10	11	4	9	—	—	3	96	9	16	24	—
65 years and under 75 years ..	M.	2,346	16	—	8	—	—	—	—	—	1	77	247	2	—	235	11	11	252	591	39	171	97	6	107	230	34	33	7	14	18	—	2	97	9	14	17	—
	F.	1,803	5	—	5	—	—	—	—	—	3	41	37	77	27	189	7	24	304	373	47	215	97	5	95	67	6	12	3	12	—	—	1	108	12	22	9	—
75 years and over	M.	3,035	6	—	5	—	—	—	—	—	2	55	99	2	—	253	7	21	430	540	46	563	196	9	241	209	29	47	6	18	49	—	1	151	10	34	6	—
	F.	4,695	4	4	4	—	—	—	—	—	6	74	29	71	30	264	4	38	893	697	113	1,105	320	18	352	186	26	32	17	14	—	—	1	274	13	98	8	—
All ages—Urban	M.	8,099	50	6	16	—	1	1	—	—	11	225	656	5	—	741	49	44	835	1,775	114	846	368	23	453	594	95	115	37	52	75	—	71	511	111	124	91	4
	F.	8,163	20	8	11	—	—	2	1	—	19	151	122	284	116	709	41	78	1,355	1,223	175	1,421	464	29	514	295	44	56	29	46	—	8	67	606	48	156	60	4
AGGREGATE RURAL DISTRICTS																																						
Under 1 year	M.	78	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	8	1	1	—	—	—	—	—	15	50	1	—	—	—
	F.	45	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6	2	—	—	—	—	—	—	10	26	—	1	—	—
1 year and under 5 years ..	M.	11	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	—	2	—	—	1	—	—	—	2	1	2	—	—
	F.	6	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	2	1	—	—
5 years and under 15 years ..	M.	9	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	3	1	—	—	—
	F.	6	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1	—	1	—	—
15 years and under 25 years ..	M.	40	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	—	1	—	—	—	—	1	—	—	1	8	18	5	3	—
	F.	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—	—	—	1	1	—	—	—	3	4	2	1	—
25 years and under 45 years ..	M.	62	—	2	—	—	—	—	—	—	2	1	5	—	—	11	1	—	4	4	—	2	1	1	3	—	2	—	—	3	—	—	3	4	5	5	3	—
	F.	58	—	—	—	—	—	—	—	—	2	—	—	6	2	12	1	1	6	8	1	—	3	—	2	—	2	—	2	1	—	—	1	4	1	—	3	—
45 years and under 65 years ..	M.	566	7	1	—	—	—	—	—	—	1	21	85	—	—	59	10	2	41	143	10	24	11	2	15	38	16	12	5	5	1	—	2	29	8	10	8	—
	F.	352	1	—	1	—	—	—	—	—	2	4	12	39	9	62	4	1	42	34	6	25	17	—	7	8	3	5	2	3	—	—	1	43	6	7	7	1
65 years and under 75 years ..	M.	624	3	—	1	—	—	—	—	—	—	18	62	—	—	76	5	2	61	161	11	55	30	4	22	51	5	8	4	4	6	—	—	27	6	—	2	—
	F.	460	—	—	1	—	—	—	—	—	—	13	7	22	5	46	5	11	83	82	24	41	27	1	24	13	5	6	5	—	—	—	1	31	—	2	5	—
75 years and over	M.	987	4	—	2	—	—	—	—	—	2	20	15	1	—	76	2	10	156	157	16	197	58	6	82	63	8	6	1	5	12	—	—	71	5	6	6	—
	F.	1,181	—	1	1	—	—	—	—	—	—	9	2	13	11	57	1	11	244	164	48	276	62	13	79	32	19	8	2	6	—	—	1	97	2	21	1	—
All ages—Rural	M.	2,377	14	3	3	—	—	—	—	—	6	60	167	1	—	226	22	14	262	465	37	278	101	13	132	153	34	26	10	20	19	—	22	194	45	28	22	—
	F.	2,123	1	1	3	—	—	—	—	—	4	26	21	80	27	180	11	24	375	288	79	343	109	16	120	55	29	19	12	11	—	—	16	205	15	35	17	1